CHEMIST & DRUGGIST

The newsweekly for pharmacy

June 18, 1994

PSNC agrees 1994-95 pay division

RPS community group elections in October

MBE for Knotty Ash pharmacist

Pharmacy's role in health gain

Label row ends as JRC sold

Cosmetics faces up to the facts

The No.1 treatment for heartburn is going from strength to strength[1]

When your customers have **severe or frequent symptoms of heartburn,** give them new **Extra Strength** Gaviscon 500 tablets.

The new **Gaviscon 500** OTC dedicated tablets are **lemon flavoured,** a taste that will attract new customers to the brand according to consumer tests, and generate extra revenue for you.

Remember that Gaviscon relieves the pain of heartburn in 4 out of 5 customers.[2,3,4]

So if they've got **severe symptoms of heartburn**, give them new **Extra Strength Gaviscon 500** lemon tablets.

GAVISCON

Keeps acid where it works, not where it hurts

Gaviscon Essential Information

Product Information. Active Ingredients: Liquid Gaviscon Sodium alginate BP 500mg, sodium bicarbonate Ph. Eur. 267mg, calcium carbonate Ph. Eur. 160mg per 10ml dose. Gaviscon 500 Tablets Alginic acid BP 500mg, sodium bicarbonate Ph. Eur. 170mg, dried aluminium hydroxide gel BP 100mg, magnesium trisilicate Ph. Eur. 25mg per tablet. Gaviscon 250 Tablets Alginic acid BP 250mg, sodium bicarbonate Ph. Eur. 85mg, aluminium hydroxide gel BP 50mg, magnesium trisilicate Ph. Eur. 12.5mg per tablet **Indications:** Liquid Gaviscon & Gaviscon 500 Tablets Heartburn, including heartburn of pregnancy, dyspepsia associated with gastric reflux, hiatus hernia and reflux oesophagitis. Gaviscon 250 Tablets Heartburn and acid indigestion. **Contra- Indications:** None known. **Dosage Instructions:** Liquid Gaviscon Adults and children over 12: 10-20ml, children 6-12: 5-10ml liquid after meals and at bedtime. Children under 6: Not recommended. Gaviscon 500 Tablets Adults, children over 12: 1 or 2 tablets after meals and at bedtime. Children under 12: not recommended. Gaviscon 250 Tablets Adults and children over 12: 2 tablets as required. Children under 12: Not recommended. Chew tablets thoroughly before swallowing. **Note:** 10ml liquid contains 6.2mmol sodium. One Gaviscon 500 Tablet contains 2.1 mmol sodium. One Gaviscon 250 Tablet contains 1.02mmol sodium. Both liquid and tablet forms of Gaviscon are sugar-free. **Retail Prices:** Liquid Gaviscon 100ml £1.60, 200ml £2.86, Gaviscon 500 Tablets 12 £2.45, Gaviscon 250 Tablets 24 £1.95. **Product Licence Nos:** 44/0058 Liquid Gaviscon, 44/0140 Liquid Gaviscon Peppermint Flavour, 44/0141 Gaviscon 500 Tablets, 44/0103 Gaviscon 250 Tablets, 44/0143 Gaviscon 250 Lemon Flavour Tablets. **Legal Category:** GSL. **Method of sale:** Through registered pharmacies. **Holder of Product Licences:** Reckitt & Colman Products Limited, Dansom Lane, Hull HU8 7DS. GAVISCON and the sword and circle symbol are registered trademarks. **Date of preparation:** 25/1/94. **References:** 1. Taylor Nelson Counterpoint MAT to June 1993. 2. Chevrel B. (1980) *J. Int. Med. Res.* **8:** 300. 3. Ward A.E. (1989) *Br. J. Clin. Pract.* **43:** (2) Suppl. 66: 52. 4. Williams D.L. *et al.* (1979) *J. Int. Med. Res.* **7:** 551.

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Comment

The formation of a Community Pharmacists Group within the Royal Pharmaceutical Society is symptomatic of the feeling abroad in pharmacy that all is not as it should be, particularly within the community and perhaps, especially, with the contractor. David Sharpe's demise on Council after years of wise counsel was more a mark of the community's disaffection with him as the head pay negotiator for English and Welsh pharmacists than with his performance for the Society. However, that there is more than a degree of disquiet with the RPS among the membership is evident from the debate, particularly at the annual meeting, over Council's previous "wait and see" decision, and by the marked effect of the Council's "new brooms" in its rapid and effective reversal.

The membership must remember that *it is the Society* and that it is up to individuals up and down the land to influence the Council it elects. Diligent councillor David Coleman, while supporting the CPG, says its formation has not been top-of-mind in members he has met. Nor will its institution in the Autumn necessarily have a remarkable impact. There is a danger that a delay in community pharmacy decision-taking might follow its setting up — how often does the setting up of a Council working party presage periods of masterly inactivity?

The CPG will give another target to those presently using the Young Pharmacists Group as a stalking horse for ideas perceived too radical for the pharmacy establishment. What is clear is that the setting of an agenda for change within community pharmacy must gain impetus. Pharmacy, no less than any other profession, must be accountable to the people it serves. The pressures presently exerted by Government, in the shape of the redoubtable Melvyn Jeremiah CB (see p1074), and even the oft off-target Consumers' Association, are right and proper. But pharmacy must be seen to be master of its own house or the profession itself is hollow.

In the week when the European OTC medicines group meets in London with the PAGB — the now 75 years old British grouping — community pharmacists would do well to note the hopes for the future in the conference report (p1040), and the concerns expressed by a leading OTC manufacturer about the commitment of pharmacists to the proper advising and retailing of OTC medicines (p1031). If the Government is able to throw out old methods of script contract payment in favour of practice related pay, the community pharmacist must take care to fully embrace the golden gift of more potent OTC medicines and the continuing opportunities to show their caring skills as offered by the humbler GSLs.

1994-95 pay deal — who gets what

Last week the Minister of Health, Dr Brian Mawhinney, approved the division of the 2.3 per cent increase in the global sum for 1994-95, agreed between the Department of Health and the Pharmaceutical Services Negotiating Committee.

The new scale of payments will apply from August 1 and it is expected that there will be an overpayment of £0.3 million for 1993-94. In which case PSNC says the projected payout would be £655m.

The figures laid out in Table 1, showing income changes for selected contractors in each group, include an assumption that there will be a 4 per cent increase in the number of prescriptions.

PSNC financial executive Godfrey Horridge comments: "The settlement further reduces the gross profit for the average contractor from 17.5 per cent in 1993-94 to a forecast 15.8 per cent in 1994-95, subject to finalising discount clawback and the containers allowance.

"The gross profit for 1993-94 was better than the original forecast of 17.2 per cent because there was a £76m saving in the drugs budget, and the average cost per prescription was £7.02 compared with a forecast of £7.16."

Mr Horridge says that if there is a similar saving in the drugs budget in 1994-95, which produces a lower than average ingredient cost per script than the forecast of £7.76, then gross profit is expected to be just over 16 per cent, rather than 15.8 per cent.

Table 1: NHS renumeration 1994/95 settlement core income changes

Group	1993-94 No. of Scripts Per Month	1993-94 Total £ Income	1994-95 No. of Scripts Per Month	1994-95 Total £ Income	% Change
1	940	1,545	978	1,339	-13.3
1	1,045	1,831	1,087	1,868	+2.0
1	1,358	2,411	1,412	2,455	+1.8
2	1,776	3,108	1,847	3,176	+2.2
2	2,117	3,461	2,202	3,537	+2.2
3	3,122	4,499	3,247	4,599	+2.2
4	4,292	5,707	4,464	5,835	+2.2
5	5,979	7,450	6,218	7,616	+2.2
6	9,402	10,986	9,778	11,233	+2.2

Summary of fees

- *Professional fees*

Below 1,800 threshold — £1.29
Above 1,800 threshold — £0.94

- *Expensive scripts*

% net ingredient cost before discount on £50-plus scripts — 1

- *Essential small pharmacy scheme for 2km distanced pharmacies dispensing less than 18,360 scripts per annum*

Annual target fee — £32,760
Maximum monthly fee — £2,060

- *Interim payment made to all qualifying pharmacies dispensing 1,500 or more scripts* — £720
- *Graduated transitional payment, 1,000 to 1,499 scripts per month* — £375 up to £574.60
- *Prereg grants* — £4,500
- *Rota payments* — £8.73

Early closing, etc — £20.56

- *Residential homes advice*

Initial visit by pharmacist — £62
Annual fee to 20 places — £312
Annual fee over 20 places — £467

- *Patient medication records*

Setting up PMRs — £300
Maintenance, etc — £350

All systems go for Mid-Glamorgan FHSA's primary care posts

Mid-Glamorgan family health services authority is advertising for three full-time pharmacists to help develop the profession's role in the primary healthcare team.

Having secured £600,000 funding from the Welsh Office, spread over the next three years, the new posts form part of the first wave of appointments which will bring pharmacists out of the dispensary and into GP surgeries (see *C&D* March 12, p410). These hospital-based positions will be taken up in September.

Part-time community-based posts will be advertised within the next two weeks. These will require successful candidates to undertake the pharmacy postgraduate diploma course in community pharmacy in primary care at the University of Wales.

Pharmacists will be encouraged to liaise with GP practices in Mid-Glamorgan, developing an interdisciplinary approach to drug therapy with the emphasis on improving patient outcomes.

Removing pharmacists from their traditional dispensing role will free them to utilise their skills in formulary development, medication review, assessing compliance and advising on appropriate drug therapy. The hospital/community interface will also be examined to ensure continuity of prescribing.

There will be patient-oriented clinical education and training for all pharmacists and practitioners, led by the FHSA pharmaceutical advisor Andrew Burr.

He believes the scheme will "ensure that the concept of the primary care pharmacist becomes a reality".

Chairman of the Local Pharmaceutical Committee Peter Jenkins welcomes the initiative as a move towards recognising the "invaluable contribution" community pharmacists can make to prescribing issues.

Clive Jones, chief administrative pharmaceutical officer and project manager, says that the initiative provides "a tremendous opportunity for hospital and community pharmacists to work with their medical colleagues on prescribing issues".

Bridging the PSNC gap

The newly-formed Association of Local Pharmaceutical Committee Secretaries aims to bridge the perceived gap between the Pharmaceutical Services Negotiating Committee and "grass roots" contractors.

This was part of the future strategy decided at a meeting of the Association's officers and the steering committee last week. A draft constitution was agreed, which is to be ratified at a general meeting, expected to take place at the end of July.

Hospital pay offer held up

Difficulties in resolving the issue of local performance pay have resulted in a delay in agreeing an improved pay offer for hospital pharmacists.

The Guild of Hospital Pharmacists rejected a 1.75 per cent pay increase in May and is now holding out for a "substantial improvement which takes into account the rate of inflation and the movement of average earnings", says Patrick Canavan, section general secretary.

Although Mr Canavan believes there may be the possibility of a better offer to come, "the reality is that we won't get it until the issue of local performance pay is resolved".

Blacklist to increase?

The Department of Health has not ruled out an announcement on additions to the Selected List (blacklist) by the Summer.

A DoH spokesperson says: "We have tended to do Regulations in the Summer on the old scheme and there could well be Regulations this year, as that would follow normal practice."

A report in last week's *Pulse* revealed that the House of Commons Select Committee on Health is understood to be preparing recommendations in "at least seven of the nine outstanding categories".

Women lead GP rise

Women are fuelling the 12 per cent increase seen in GP numbers in England and Wales over the past ten years, a rise from 26,962 to 30,310.

According to the *Department of Health Statistical Bulletin*, in 1983 women accounted for 19.2 per cent of all GPs. By 1993 this had risen to 28.5 per cent.

Some 35 per cent of the population are now catered for by fundholding GPs, as over 9,000 GPs are now such practices.

The average GP has 10 per cent fewer patients in 1993 than ten years ago.

Premises drop slightly

April's rise in the number of pharmacies registered in Great Britain has proved to be a minor boost. May's numbers reveal 33 additions, six restorations, 41 deletions and one removal, giving a net loss of three and bringing the total down to 12,046.

Some 32 of the openings (10 in London) and 35 of the closures (seven in London) were in England. Scotland reported an overall gain of one pharmacy, while Wales remained static.

Boots were fairly active with four pharmacies opening and registration approved for a further clutch, including the first pharmacy at Le Shuttle Passenger Terminal, Folkestone.

See People p1074 for full details of Jeremy Clitherow's MBE and the Honours List

Community Pharmacy Group elections to take place in October after *volte face*

The Royal Pharmaceutical Society's Council has approved the establishment of the Community Pharmacists Group, following a motion at the recent AGM (*C&D* June 11, p993). Elections for the CPG's Committee should take place in October, with voting papers circulated in some time in September.

David Coleman, speaking at the last Council meeting, proposed that: the Group be set up; the £10 fee not proceeded with; and that voting papers should be sent to all those who had indicated on their RPSGB retention fee forms that they were indeed practising community pharmacists.

Voting in the election would be taken as an indication that a pharmacist wished to join the Group.

Secretary and registrar John Ferguson added that those who nominate or who stand for election would already be members or will join at that stage. Anyone else that wishes to join should write or fill in an application form.

Peter Curphey said he was amazed at the Council's failure to understand how its decisions were perceived and received. Community pharmacists were thoroughly demoralised: they felt betrayed by the Government and let down by the organisations purporting to represent their interests, he said.

He added that community pharmacy was being marginalised and was not consulted, included or asked for comment when important health issues arose. The Group would not solve that problem in an instant, but it would make a start.

Mr Coleman commented that he did not feel there was a great desire for a Community Group, but he admitted there was a feeling that it could involve more practising community pharmacists in directing their professional affairs.

Marion Rawlings pointed out that start up costs of the Group had been put at approximately £27,000 and the cost of running the Group would fall on the membership.

Dr John Evans added that the retention fee would have to be increased next year or the Society would have to give up a large slice of current activity.

Mr Ferguson accepted that there would be a cost to the Society, but he wanted to ensure that the views of the membership were listened to and that the constituency was as large as was possible without any impediment in the way.

There were calls from Dr Evans and David Allen that the Council should build in a fixed review period of two to three years. If the Group was not proceeding well, then Council should not shrink from closing it down, said Dr Evans.

Hassan Argomandkhah added that there was no point in forming the Group if in the end its advice was not going to be taken.

Mr Ferguson assured him that the Group would advise Council on community pharmacy matters in exactly the same way as the advice it received from other groups.

The Council's move has been warmly welcomed by the proposer of the AGM motion, Andrew Burr. Speaking in his capacity as chairman of the Young Pharmacists Group, which took up the fight on the Group's behalf (*C&D* March 19, p453), he believes it is a "tremendous step forward".

He is keen to ensure community pharmacists are actively encouraged to join as "it's an opportunity to knuckle down and look at the real issues affecting community pharmacy".

Peter Curphey, ardent supporter of the Group from its early stages and Council member, says he is delighted with the decision. "It gives employees and other people, who do not have time to get involved with Council, a voice," he says.

He feels the issues surrounding the setting up of the Group have caused arguments and perhaps disguised a lot of the problems that Council could be discussing. "But the Group itself is going to be part of these discussions. It is one of the means to an end, not an end," he comments.

It is understood that the constitution of the Group will be based on recommendations made by the Practice Committee (see *C&D* November 13, p839). There will be a 12-strong Committee with five members from Council and seven elected. Each candidate will have to be nominated by at least five members of the Group with elections taking place every three years.

Methadone 'contract' for Glasgow pharmacists

Glasgow pharmacists are to have greater involvement in methadone programmes running in the city.

Currently, addicts sign an agreement with the Glasgow Drug Problem Service whereby they confirm that they will abide by the rules of the scheme. Included on this "contract" is a space for addicts to give the name of their community pharmacist.

Following a meeting last week with the medical director of the GDPS, Dr Robert Scott, pharmacists are being encouraged to "feedback any problems whatsoever", says community pharmacist and member of the Scottish Executive Elizabeth Roddick.

Any problems that pharmacists are having with individuals will be treated positively, with the patient being removed from the programme if necessary, says Mrs Roddick.

Dr Scott believes that pharmacist involvement is important, particularly in the area of pharmacist-supervised methadone administration. As there are doubts concerning the legal and ethical implications of this system, there are plans for the two parties to develop a working protocol.

Oxford doctors get private advice

Doctors in Oxfordshire have been warned about the true cost of writing private prescriptions for patients.

Oxfordshire Family Health Services Authority's medical advisor, Dr Tom Jones, has sent all GPs in the area a letter stating that they must not give patients the impression that they would be able to get private prescription medicines at cost price. He asked them to bear in mind the pharmacist's dispensing fee when calculating the actual cost.

The FHSA's pharmaceutical advisor, Ian Simpson, has sent copies of this letter to all pharmacists in Oxfordshire.

• A *Mims Weekly* survey has revealed a huge disparity in charges for private prescriptions. In 30 pharmacies visited, the price for 21 amoxycillin 250mg capsules varied from £1.96 to £7.52.

The Royal Pharmaceutical Society has confirmed that it is looking at guidelines on private prescription fees.

Registration fees to go up next year

Pharmacists' statutory fees are likely to go up by a net 1.5 per cent next year. The proposed fee scale includes an increase in the members' full-time retention fee from £115 to £117 and the premises retention fee from £77 to £78.

Several Council members were concerned at this month's meeting that 1.5 per cent might be too little, as it was some way below predicted inflation levels. Two members felt that the reduced fee for those aged 65 and over should be increased from the present £14.

But a proposal that fees should go up by 2.5 per cent was lost.

There was some concern that the figures had to be decided as early as June because members had to have 60 days to comment, then Council had to consider any comments before submitting the proposed change in byelaws to the Privy Council. The treasurer, William Darling, said it was impossible to be precise on the budget for 1995, but he thought the proposed increase would meet requirements.

Pharmacists' workload While agreeing that it was impossible to define a maximum acceptable workload for a pharmacist, Council thought the Society should work towards providing guidance.

In the meantime it was decided that pharmacists should be encouraged "not to work in conditions that might compromise their ability to discharge their responsibilities".

Some members of the Law and Ethics Policy Committee had felt strongly that there was a need to address the problem of pharmacists working under too much pressure. While acknowledging it was difficult to set acceptable workloads, the committee recommended that the Society should encourage practice research to establish audit protocols for monitoring performance of a pharmacist's key tasks.

BPC subsidies reinstated Council agreed to reinstate the subsidies for branch representatives attending the BP Conference. The withdrawal of subsidies had been strongly condemned at last month's Branch Representatives' Meeting. The estimated cost of £26,000 this year, plus travelling expenses, will be added to the yearly budget, but the exact source of funding is still undecided, the treasurer said.

Free samples to customers Council agreed it would be acceptable under the Code of Ethics for a pharmacist to supply a free sample of an OTC medicine to a patient to see if it was effective in alleviating a condition or symptom. But it would be against Obligation 1.12 of the Code to distribute samples in other circumstances.

It would conflict with EC Directives, for example, for pharmacists to provide samples in response to media promotion by a manufacturer of their availability.

Marshall Davies was concerned that samples of GSL medicines could become widely available in non-pharmacy outlets, where there would be a lack of professional guidance.

David Coleman said the profession had to show it had higher standards than some retail outlets and should not treat medicines as another commercial product.

Going against Council policy Every year, at the June Council meeting, members are reminded of the statement on collective responsibility made in 1937 by the Society's vice president, Thomas Guthrie. Council has confirmed this so-called "Guthrie statement" as policy many times since.

Mr Guthrie had stated that the extent to which a Council member criticised a Council policy in public should be a matter for each member to decide. Most members accepted a decision as binding, at least to the extent of barring public criticism of it. If members felt compelled to make their disagreement public, then their colleagues "generally acquiesced" in their doing so.

At last week's meeting, Peter Curphey said he assumed the Guthrie statement did not bind new members to decisions made by Council before they joined, as that seemed unfair. He said that, on issues about which he felt strongly, he would like the right to discuss the wisdom of Council's decision in other forums.

Nicholas Wood said that would be a recipe for disaster. While Mr Curphey was not bound by Council decisions taken before he was elected, to deviate from the Guthrie statement once he had become a member of Council would cause great problems. Mr Wood saw no difficulty with people declaring they were going to speak against a Council decision where they felt it was appropriate, but he did not want a blanket approach.

Pharmacy Awareness Week The proposed Pharmacy Awareness Week has been put back to the week beginning October 31 to avoid clashes with the Labour Party conference.

Wound management Council agreed that a letter be sent to Tom Sackville, Parliamentary under secretary for Health, expressing disappointment at a decision not to expand the range of wound management products available on GP prescriptions.

NHS Ombudsman Council decided the Society should press for the jurisdiction of the NHS Ombudsman to be expanded to cover staff complaints.

Market testing Council agreed that a letter be sent to the DoH asking what market testing activity was being contemplated for hospital pharmacy services, and offering the Society's assistance.

Nurse prescribing Council agreed to ask the Department, as a matter of urgency, for pharmaceutical involvement in developing protocols for the planned introduction of nurse prescribing at eight demonstration sites.

Doctor dispensing A letter will be sent to FHSA and Health Board general managers advising them of the differences between the training courses for dispensing technicians in pharmacies and a new course being promoted for dispensing GPs' dispensers.

Water for injections and aspirin Council decided that the Society should press for water for injections to be reclassified as a pharmacy medicine and object to a proposal that 500mg effervescent aspirin tablets, in packs of not more than 20, should be added to the GSL.

BPC 1995 Next year's BP Conference will be at the University of Warwick on the weekend of September 16-18.

No flu vaccine support for Royal Society

The Association for Influenza Monitoring and Surveillance believes the current system of flu vaccine supply through GPs is "the most convenient way to vaccinate patients".

AIMS is clarifying its position following calls from the Royal Pharmaceutical Society last December for the flu vaccine system to be moved to a Scottish model, where vaccines are treated in the same manner as any other medicines.

In England and Wales, GPs receive supplies direct from manufacturers and the Society is concerned that, in the event of an epidemic, vulnerable risk groups may not be able to get vaccinated.

However, AIMS says it is unaware of any recommendations of the Society that would increase identification and vaccination of these at-risk individuals. It is also concerned about "the integrity of the cold chain arising from alteration in supply" as patients are required to store the vaccine in the fridge prior to their appointment with the doctor.

The Society's PR manager, Beverley Parkin, reiterates the RPS's viewpoint: "This system is wasteful of resources, militates against vaccination of all people in priority groups and provides no flexibility to move supplies from one part of the country where there is low incidence of flu to a part where there is high demand."

The Department of Health is planning a review of the vaccine distribution chain with an announcement due in the Autumn. Recent reports that there is to be change in the way that doctors are to be paid for vaccinations have been denied by the Department.

NI figures

Northern Ireland chemists and appliance contractors dispensed 1,627,163 prescriptions during March. The gross cost per prescription was £9.17 and the net ingredient cost was £7.62.

Smart cookies

The Pharmacy Healthcare "Smart Cookies Don't Burn" campaign is being repeated to complement the Health Education Authority's "Sun Know How" scheme.

DoH priority probe

The Department of Health is to examine five health priority areas for cost-effectiveness and outcomes. Cardiovascular treatment, screening for colorectal cancer, stroke rehabilitation, stroke screening and blood pressure screening to determine stroke risk are to be assessed by research groups. More details are expected next month.

Taking the medicine

Many in the profession, including community pharmacists, are unaware of the change that has taken place in the relationship between major retailers — both pharmacy and grocery — and OTC manufacturers.

Their respective managers now have a closer and more productive relationship as buyer and seller. They share data and ideas and work together to develop the healthcare market.

This degree of rapport does not exist with independent pharmacists. It is more difficult to establish a successful relationship with a disparate group, but its absence perpetuates areas of contention.

With more active ingredients and indications available, OTC manufacturers want to work closely with all of the profession to ensure the OTC pharmacy is appropriately developed.

Manufacturers know the market and how best to merchandise products. Pharmacists have their own experiences to contribute. Unfortunately, not all independents are willing to consider new approaches that could help their business grow. Frustrating for manufacturers, but more worrying are the lost opportunities for pharmacy.

Many in the profession also prefer to allow outdated practices and prejudices to prevail, rather than to participate fully in the market place. Manufacturers have supported retail price maintenance to enable pharmacists to compete, and yet many will not openly display medicines with GSL licences.

The sale of P products also needs addressing; everyone seems dissatisfied with the current position. Perhaps if OTC companies moved some of the more established P lines to GSL, but restricted the sale legally to pharmacy, it would help. The ability to display more would increase public awareness of medicines and therefore sales. This might also give the pharmacist more time to concentrate on the recent move of prescription to over the counter products, and his counselling role.

The current competitive climate requires different skills for retail pharmacy. Most pharmacists did not enter the profession for all this commercial hassle, and were inadequately prepared for it at schools of pharmacy. But between us we have the skills to enable retail pharmacy to compete more successfully.

Isn't it time we started talking openly, with traditional entrenched positions abandoned?

Written by the managing director of a leading OTC manufacturer.

Fond hopes for hayfever season

At last, it looks as if the hayfever season might be moving into full swing. With the late May heat wave galvanising the pollen, the portents for increased sales are improving. The sale of antihistamines has so far been similar to last year, with Triludan still dominant, but Claritin and Zirtek are coming up fast on the rails.

As for the newer entries to the field, Opticrom and Bro-leze are selling steadily, but this year's winner has to be Beconase which has really taken off and has provided me with valuable seasonal income.

Professionally, the availability of sodium cromoglycate eye drops has been more satisfying than Beconase because the majority has been sold by recommendation rather than prior knowledge and television advertising. Many patients have returned for further bottles and thanked me for at last being able to recommend for them a product which has really worked.

Hayfever is one of those self-diagnosed conditions which many patients just put up with year after year, but now at last we have a genuinely comprehensive range of effective medicines with which to make both our Summers that little more productive.

Slow movers must go ...

In the increasingly frenetic world of community pharmacy, I seem to find less and less time to systematically clean the dispensary. Yet this was a job, in less intensive times, that was considered to be vital.

The necessity for such mundane occupation is, however, still just as important, even if the motivation has changed.

After a recent sudden rush of duster to the shelf, I am once again the proud possessor of pristine surfaces. I am also the not so proud possessor of quite a large selection of short-dated but expensive stock. Stock which cannot any longer hang around on my shelves waiting for that chance out-of-town prescription to alight with as much certainty as winning the new national lottery.

If the advertisements I see every week in *C&D's* **Business Link** are anything to go by, other pharmacists experience similar problems and would prefer to discount that stock at up to 50 per cent rather than throw it away on expiry. I am fortunate in still having a local "ring" of colleagues to whom I circulate my list of slow movers, but with on-cost at zero these dust-gatherers are also losing me money and many of them may yet have to be cleared at 50 per cent.

I have always prided myself on maintaining sufficient stock to satisfy the needs of 99 per cent of all patients, but this I can no longer afford to do. In collaboration, our "ring" is keeping a collective stock of those very expensive essentials, but I have now resolved that the slow movers can no longer be automatically replaced. In future, the occasional patient may have to wait a few more hours. Regrettable, but born of economic necessity rather than professional preference.

A giant step forward in oral hygiene

I have this vision of medical research: hundreds of dedicated scientists beavering away in high tech laboratories intent on making earth-shattering discoveries and thus transforming the health of the masses. And if a Nobel prize also results, that is just so much icing on the cake! Of such are dreams made because the latest discoveries in the dental hygiene industry cannot, surely, compare with romantic image.

Having progressed from brushing our teeth with salt to today's sophisticated blend of plaque destroying tooth polishers, mouth freshening and decay stopping formulations, what have those dedicated scientists now discovered? Baking soda, or to be more accurate, sodium bicarbonate! From the secret laboratories of Arm & Hammer of the US of A came this sensation of the age — and it didn't even cost an arm and a leg!

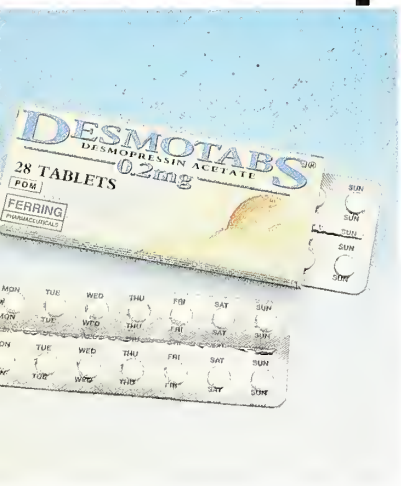
Suddenly the rest of the world has also acknowledged this new wonder discovery and our shelves are now filled with dramatic new formulations of toothpaste, liberally laced with baking powder.

At last, this industry has shown itself in its true colours. The last few decades have seen a dramatic improvement in dental hygiene, but very few of the advances can properly be claimed by the scientists, other than the introduction of fluoride to toothpaste and the improved cosmetic appeal of the formulations. But when a new variant which tastes like the aftermath of a particularly virulent scone arrives? Hey presto! It becomes the miracle discovery of the age.

Topical REFLECTIONS

Xrayser

Desmopressin in oral form



Desmopressin, the vasopressin analogue, is now available in tablet form. Desmotabs, containing 0.2mg desmopressin, have been shown to be equivalent to 20mcg of the intranasal formulation. They are indicated for the treatment of primary nocturnal enuresis (bedwetting) and also for the treatment of vasopressin-sensitive cranial diabetes insipidus or in the treatment of post-hypophysectomy polyuria/polydipsia.

Vasopressin, also known as antidiuretic hormone (ADH), is secreted by the pituitary. Its main action is to promote water conservation by the kidneys. Enuretic patients have been demonstrated to be deficient in vasopressin.

The recommended dose for adults and children (over five years of age) with normal urine concentrating ability, who have nocturnal enuresis, is one 0.2mg tablet before going to bed in the evening. The dose can be increased to two tablets (0.4mg) if the lower dose is found not to be effective. The antidiuretic effect of the oral form lasts for about eight hours.

After three months, Desmotabs treatment should be stopped for at least a week to assess the need for continued therapy. Desmotabs should only be used to treat primary nocturnal enuresis in patients with normal blood pressure.

In diabetes insipidus, there is either a lack of vasopressin (antidiuretic hormone, ADH) or an inability of the kidneys to respond normally to vasopressin resulting in polyuria (producing large volumes of urine) and polydipsia (drinking large volumes of fluid).

In such patients, the dose must be tailored to the individual, but the total daily dose usually lies in the range of 0.2mg-1.2mg.

A suitable starting dose in both adults and children is 0.1mg, three times daily. The dosage can then be adjusted according to the patient's response to the treatment. For the majority of patients, however, the maintenance dose is 0.1mg-0.2mg three times daily.

It is important that fluid intake is not reduced in patients taking Desmotabs as this may lead to fluid retention, hyponatraemia and, in more serious cases, convulsions. The antidiuretic effect of Desmotabs is not affected by taking them with food.

Manufacturer Ferring Pharmaceuticals say Desmotabs are particularly useful for patients with nasal congestion where absorption of the intranasal formulation has been impaired.

Desmotabs are blister packed in cartons of 28 tablets. The basic NHS price is £29. **Ferring Pharmaceuticals Ltd. Tel: 081-893 1543.**

Correction: Zydol

Due to a production error, Zydol (tramadol hydrochloride), a new opioid analgesic, was incorrectly described as a Controlled Drug in last week's issue (**Script Specials, p996**).

Zydol is *not* a Controlled Drug. Despite its agonist effect at opiate receptors, Zydol has a low potential to cause physical dependence as it cannot suppress morphine withdrawal symptoms.

Zydol is presented as oral capsules containing 50mg tramadol (100, £17.71) and ampoules containing 100mg tramadol in 2ml aqueous solution (5, £6.50). Searle. Tel: 0494 521124.

Low dose Nu-Seals now available from Lilly

Nu-Seals 75, containing 75mg aspirin in an enteric coating, are now available. They offer protection against cardiovascular disease with minimal risk of gastric injury.

Recent studies have concluded that, in the UK, around 7,000 premature deaths from cardiovascular events could be prevented through appropriate use of daily aspirin. The optimum dose was found to be 75mg and no clinical benefits were obtained with higher doses.

Long-term use of aspirin and other non-steroidal anti-inflammatories can cause gastric irritation leading to gastric bleeding and in some cases peptic ulcers. As a result, some doctors have been reluctant to prescribe aspirin daily for patients with cardiovascular risks despite its proven efficacy. Enteric-coated aspirin, on the other hand, bypasses the stomach, only dissolving when it reaches the less acidic environment of the duodenum where it is then absorbed into the bloodstream.

Nu-Seals 75, a P product, is available in a 56-day calendar pack which the company says ensures patient compliance. The basic NHS price is £3.09 which, at the recommended dose of one daily, will cost £18 a year per patient.

Treatment of normal people with prophylactic aspirin is not recommended as the slight risk of gastro-intestinal bleeding may outweigh any possible benefits. Therefore, the company says pharmacists should not routinely recommend Nu-Seals 75 for cardiovascular protection as patients should be assessed by their doctor for cardiovascular risk before starting prophylactic aspirin. **Eli Lilly & Company Ltd. Tel: 0256 473241.**

Parstelin unavailable

Smithkline Beecham say the latest production batch of Parstelin is still going through the testing procedure, which means stock is not available to meet current demands. The latest date for re-supply is the end of June. **Smithkline Beecham Pharmaceuticals. Tel: 0707 325111.**

BP dissolution tests

The British Pharmacopoeia Commission has reviewed its policy with respect to dissolution testing. A copy of the document "Dissolution testing of solid oral dosage forms: the pharmacopoeial approach" can be obtained by sending an A4 stamped addressed envelope to: **The British Pharmacopoeia Commission's Secretariat, Room 1712, Market Towers, 1 Nine Elms Lane, London SW8 5NQ.**

Skinlaser directory

The Disfigurement Guidance Centre has produced a Skinlaser Directory with information about sources of skin laser facilities within the NHS and private sector; the different lasers in use at each of these clinics; and the specific treatment application of each. The charity is offering the directory, free of charge, to the first 100 pharmacists who write to the Centre, enclosing a 36-pence stamped self-addressed envelope. **Disfigurement Guidance Centre, PO Box 7, Cupar, Fife KY15 4PF.**

Relaxit prices up

With effect from June 1, the prices of Relaxit 5ml Microenemas are increasing: 4 × 5ml increases from £1.12 to £1.58 (retail, £2.78); 100 × 5ml increases from £14.60 to £31.00 (retail, £54.64) and 12 × 5ml will be £3.80 (retail, £6.69). This product is now being distributed by **Crawford Pharmaceuticals. Tel: 0908 262346.**

Gammabulin short

Immuno say they are continuing to experience difficulties in obtaining sufficient supplies of Gammabulin (intramuscular immunoglobulin) to meet current demand. As a result of decreasing incidence of Hepatitis A, it is becoming more difficult to acquire source material with an acceptable Hepatitis A antibody content. The situation is unlikely to improve this year and there will be no further stocks of Gammabulin until mid-July. Customers are asked not to telephone Immuno directly as stocks will be sent to wholesalers as soon as they are available.

See p1048 for Medical Matters

NEW BICARBONATE OF SODA TOOTHPASTE FROM mentadent

Now Mentadent, the leading brand in preventative dental care, offers your customers a new and effective way of feeling that their teeth are *really* clean.

New Mentadent Bicarbonate of Soda toothpaste at the leading edge of oral care, contains Microfine Particles(TM) of Bicarbonate of Soda which helps to delicately clean around teeth and gums, leaving them feeling smooth, polished and minty fresh.

Bicarbonate of Soda toothpaste already accounts for 1 in 4 sales of toothpaste in the US and Mentadent are staying ahead by being one of the first major UK brands to launch in the UK.

With support of £3.2 million, including TV, this fresh opportunity will quickly be reflected in extra sales.

mentadent

Toothpaste your teeth would choose

ELIDA GIBBS
LEADERS IN PERSONAL CARE

New field for us, bigger market for you.

We now have a rare opportunity to develop a new market together.

Because in Optrex Hayfever Allergy Eye Drops the name so many of your customers know joins forces with sodium cromoglycate, the fast and effective treatment that won your trust as a prescription medicine.

Naturally, it will receive the kind of support you expect from Optrex. This year, our heavyweight advertising and promotional spend means that more and more customers will come to you – especially since the 10ml bottle of Optrex Hayfever Allergy Eye Drops is the right size to meet their needs.

What they'll be seeking isn't just our product but also your advice. So add your recommendation to our support, and together we are set for success.

The vision of the future

PRODUCT INFORMATION: **Optrex Hayfever Allergy Eye Drops:** Solution containing sodium cromoglycate 2.0% w/v with benzalkonium chloride, disodium edetate, purified water. **Use:** For fast, effective treatment of itchy, watery or inflamed eyes caused by seasonal allergies. **Contra-indications:** Hypersensitivity to any of the ingredients. **Precautions:** Do not use while wearing soft contact lenses. **Dosage:** 1 or 2 drops into each eye 4 times daily. **Side effects:** Transient burning and stinging. **Packaging quantities:** 10ml bottle. **RSP:** £3.99 for 10ml. **Legal category:** P. Product licence number: 0113/0161. **Licence holder:** Fisons Plc, Holmes Chapel, Cheshire CW4 8BE. **Your Crookes Healthcare representative will be calling with further information.**

Counterpoints

Revlon get glamorous

Revlon have gone for glamour with their Autumn cosmetics range.

According to the manufacturer, the Secrets of Splendour collection is "designed to create swanky good looks and inspire excitement" and focuses heavily on deep pink, beige and brown shades.

The new range goes on sale in the UK in August and includes four lipsticks, a lipliner pencil, and four nail enamels. There are also four eyeshadows, an eyeliner pencil, foundation and blusher. Sample retail prices are £7.25 for the lipstick and £14.50 for the foundation.

Also new for the Autumn from Revlon is the Ultima II Monochromatics range, featuring soft browns and rusts, and clarets and greys to "reflect the season".

The launch includes four lipsticks and nail varnishes, Monochrome and Duochrome eyeshadows, blusher, lipliner and kohl pencil. Prices range from £10.50 for the lipstick to £15 for the Duochrome eyeshadow.

In another development, Revlon have relaunched their Aquamarine range of shampoos and conditioners which are based on proteins and mineral extracts from sea kelp and Irish moss. The company is backing the revamped products with a £1.2 million advertising and PR campaign. **Revlon International Corporation. Tel: 071-491 5378.**

Say hello to Haitai

A novel range of sugar-free chewing gum is poised to hit the UK market next month.

Made by South Korean company Haitai, the gums use the natural sweetener xylitol in preference to the more commonly used Nutrasweet.

UK general manager Tony Killeen says that xylitol reduces plaque and the incidence of dental caries. Sugar-free chewing gums account for 57 per cent of the total £146 million market.

The range offers a counterpoint to traditional chewing gum flavours, coming in: Orange Mint, Lemon Mint, Eucalyptus Mint and Peppermint.

Each pack retails at £0.22 for five.

Haitai also produce a fruit flavoured, sugared range comprising: Apple, Blueberry, Melon and Peach (£0.30 for eight sticks).

Following this launch, Haitai are to introduce a premium priced gum targeted exclusively at pharmacies, containing ginseng extract and powder.

A £2m support package includes a comprehensive national sampling campaign, magazine and newspaper PR and trade promotions. In the New Year, the company begins a regional TV campaign, kicking off in the Meridian area, and a poster and Press blitz.

A range of point of sale material is available, alongside leaflets explaining the benefits of xylitol as a sweetener. **Chemist Brokers. Tel: 0705 219900.**

New-look Amplex deodorant majors on anti-stain appeal

Sara Lee's anti-perspirant deodorant range, Amplex, is relaunched this month offering consumers a new anti-stain benefit which will be flagged on both aerosol and roll-on packs.

The new Amplex line-up boasts eight variants — five roll-ons and three aerosols — all carrying a "T-shirt" device to draw attention to the anti-stain formula. Packaging has been redesigned to emphasise the brand's "no nonsense" core values.

The roll-on variants (£0.95), presented in clear 60ml bottles, are:

- Active, for busy people
- Sensitive, non-sting and dermatologically tested
- For Men, with enhanced performance
- Sport, with fresh light fragrance
- Fragrance Free, non-sting, no fragrance and dermatologically tested.

Aerosol variants are Active, Sensitive and For Men (all 150ml £1.49).

Support for the relaunched range gets under way in August. A new television advert is being tested in the Central region, with national roll-out anticipated in February 1995. Sara Lee will be putting £1.5 million behind the brand.

Extra value packs (25 per cent extra fill on roll-ons and 25ml extra in aerosols) will be available through multiples only in August.

Sara Lee hope the relaunch, combined with the acquisition of Body Mist from Smithkline Beecham last year, will strengthen their presence in the APD sector.

Market research suggests consumers will respond well to the anti-stain claim: 96 per cent found the concept appealing.

Amplex, a unisex mass market brand, is currently third in the £209 million anti-perspirant/deodorant market with a 7 per cent share. **Sara Lee Household & Personal Care. Tel: 0753 523971.**

Bio-Light diet plan's new look and flavours

Bio-Light, the three-day detox plan, is being re-launched with a new look and the addition of three new flavours: Woodland Fruits, Wild Fruits and Citrus Fruits.

None of the new flavours contains aniseed which the company has found to be "an acquired taste for the British palate". However, the original flavour, with aniseed, is still available.

The diet plan has also been improved to increase the efficiency of the detox programme and includes a section on food combining in association with Bio-Light.

The recommended retail price for a box of six remains £12.99. **Bioconcepts. Tel: 0705 499133.**

Beckmann show material

Eye-catching point of sale material for the Beckmann Stain Solutions range is now available to pharmacists.

It includes multi-coloured shelf strips, wobblers and window stickers.

Pharmacy assistants can also enter the Beckmann Stain Solutions challenge and win some of the £1,000 worth of Next vouchers being offered.

Dendron say that a fifth of Beckmann sales are through pharmacy. **Dendron Ltd. Tel: 0923 229251.**

New Kodak camera aimed at women

Kodak's latest compact 35mm camera is being specifically marketed to women.

The Cameo Auto Focus is the fourth in the Cameo range and has a selection of point-and-shoot features including a panoramic option.

Additional features include a self-timer, tripod socket, LCD exposure count, low-battery and flash-ready alerts, and a focus lock.

The £79.99 camera comes with a Lithium battery and a 24-exposure Kodak Gold 400 film. It is available in July. **Kodak. Tel: 0442 61122.**

Earths Harvest comes in

A new range of natural ingredients-based cosmetics and toiletry products is being marketed by AFT International.

The Earths Harvest range emphasises that it uses only natural products and that they and their packaging are biodegradable or can be recycled. It also states that none of the raw materials "have been the subject of animal tests since 1983".

Launched in April and available for purchase by pharmacists from July/August, Earths Harvest includes three shampoos and three conditioners in Crisp Green Apple & Burdock, Tangy Raspberry & Ginger and Fresh Peach & Almond Oil frangrances.

The range also has a 2 in 1 shampoo and conditioner — Camomile & Jojoba — and three bath essences and body lotions. Fragrances for the latter are White Musk & Aloe Vera, Fresh Dewberry & Hawthorn and Magnolia Blossom & Meadow Foam.

Completing the Earths Harvest collection are a cleansing milk, moisturiser, foot balm and "naturally pure" all-purpose cream.

All products in the range have a rrp of £1.59, except the all-purpose cream which is £2.35. **AFT International Ltd. Tel: 081-570 6056.**

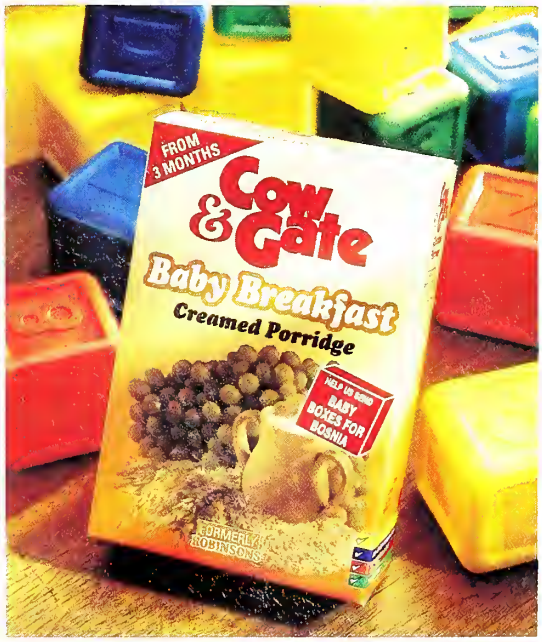
Sanatogen on the street

The latest advertising for Sanatogen multivitamins uses members of the public rather than models.

The £750,000 campaign, which breaks in the women's Press this month, is described by Sanatogen manufacturer Roche Consumer Health as "provocative and innovative". It features pictures of people selected at random on the streets of London.

The first advertisement shows the faces of five women, each holding a different Sanatogen product, with their bodies switched around "to illustrate that Sanatogen has the right multivitamin to match different needs and life styles".

The campaign will be supported by an "extensive public relations programme" and runs until October. **Roche Consumer Health. Tel: 0707 366000.**



Cow & Gate are launching an on-pack promotion on their new Baby and Junior Meals range to support the charity Feed the Children in its work in Bosnia. "Baby Boxes to Bosnia" was recently launched by the charity to relieve the suffering of young children and babies. Each box costs £20 to fill and deliver. Each Baby and Junior Meals pack will carry details of the appeal and one token. For every six tokens collected and sent to Cow & Gate the company will donate £1 to the charity. Cow & Gate Nutricia Ltd. Tel: 0225 768381

Konica multipack

Konica are offering a five-pack of films this Summer at almost half the retail cost of buying the films separately.

Konipaks contain two rolls of 36-exposure Super XG 200 and three rolls of 24-exposure Super XG 100. They sell at £9.99.

A special dispenser is available to retailers that highlights the offer.

Konica have also reinforced their branding on the packaging.

A colour backing card identifies the company as the sponsor of the ITV programme "This is Your Life", as well as including a guide to film speeds and photographic hints.

The company is running a TV and Press advertising campaign for its Super XG film until the end of August, while the new Bigmini camera range will also feature in advertisements in the photographic Press. **Konica. Tel: 081-751 6121.**

Support for Arret

As the holiday season approaches, Centra are stepping up their promotional activity on the anti-diarroheal Arret.

An extensive national magazine advertising and poster campaign will run until August.

Pharmacy support includes a range of display material as well as a competition for pharmacy assistants offering prizes of CDs, tapes and hi-fi equipment. **Centra Healthcare. Tel: 0494 450778.**

On TV Next Week

GTV Grampian
B Border
BSkyB British Sky Broadcasting
C Central
CTV Channel Islands
LWT London Weekend
C4 Channel 4
U Ulster
G Granada
A Anglia
CAR Carlton
GMTV Breakfast Television
STV Scotland (central)
Y Yorkshire
HTV Wales & West
M Meridian
TT Tyne Tees
W Westcountry

Beconase Hayfever:	CAR
Colgate Great Regular Flavour:	All areas
Delial:	C, A, HTV, W, M, C4
Gliss Corimist:	C4, GMTV
Kodak:	All areas
Nivea Visage:	C4
Palmolive 2 in 1:	All areas
Pepcid AC:	All areas except CAR, GMTV
Rennie:	C4, GMTV, satellite
Slim-Fast:	All areas
Tagamet 100:	All areas
Ultress:	B, G, C, A, HTV, M, LWT, CAR, C4
Wrigley's Extra and Orbit:	All areas
Zovirax Cold Sore Cream:	All areas

A TIME TO REMEMBER FOR THE PHARMACY TRADE

Important Announcement

June 1994

This month marks the official joining of two leading OTC forces – Warner Lambert and Wellcome – to form a major new company dedicated to consumer healthcare.

At a time when the trend to self-medication is significantly increasing, and with the Government proactively encouraging POM to P switches, this alliance creates new opportunities for retail pharmacy.

The alliance will be known as Warner Wellcome and is committed to the development of self-medication, to investment in product development related to real customer needs, to work with pharmacy in making consumers aware of the brands' values, and to give service to the pharmacy trade that is second to none.

Warner Wellcome

CONSUMER HEALTHCARE

Strength and commitment together

Warner Wellcome Consumer Healthcare, Lambert Court, Chestnut Avenue, Eastleigh, Hampshire, SO53 3ZQ.

Boyfs and body sprays

In a first for the UK toiletry market, *Just Seventeen* magazine is bringing out its own brand of body spray.

The move is described by publishers EMAP as "capitalising on the brand equity" of the title, and started off with 455,000 25ml samples being covermounted on the April edition of the magazine. This was followed by test marketing in Boots, leading up to the product's national launch in July.

The sprays have been developed in association with Couture Brands, whose marketing director, Philippe Mihailovic, says the products will fill a niche in the market.

"Research among 180 schoolgirls showed us that no current female perfumed body spray brand has the right name or image to appeal exclusively to teenagers," he said. "*Just Seventeen* is the strongest name there is to exploit this opportunity."

The range comes in five fragrances: Wild at Heart, Could it be Magic, Girls Wanna have Fun, She's got the Look and I've got you Babe. The packaging uses pictures of teenage models "having fun or a first experience — such as the first boyf (boyfriend in teenage speak!) or the first snog" ...

Couture Brands say they are aiming to make the new range the market leading teenage body spray inside a year. The rrp for a 75ml can will be £2.43. **Couture Brands. Tel: 0483 451056.**

Feminax Press advertisements boost for rest of year

Roche Consumer Health are supporting their period pain relief treatment Feminax in the consumer Press from now until the end of the year.

Key teenage titles will be used as part of a tightly targeted campaign. The advertisements take the form of a series of illustrations of typical scenes from school life.

They aim to dispel the common fear of being the odd one out which can easily arise with the onset of menstruation. If readers are worried about any aspect of menstruation and related areas, they are invited to write to Roche for a consumer booklet called "Growing Issues". **Roche Consumer Health Care. Tel: 0707 366000.**

Spa skin care with added vitamins

Elizabeth Arden's Spa skin care range contains anti-oxidant vitamins A, C and E, biotin and pro-vitamin B5 to help promote healthy-looking skin. Algae extract provides minerals, amino acids and proteins with moisturising properties.

The range, which will be sold in from July 4, is oil- and fragrance-free, contains no animal ingredients and has not been tested on animals.

Spa skin care caters for both normal to dry skins and normal to oily skins.

For cleansing, there is a basic soap and a hard-working soap (100g, £10; refill £6), a gel cleanser and a milky cleanser (both 150ml, £13). There are basic and hard-working toners (200ml, £13) and a daily moisture drink which has an SPF 15 (50ml, £14). There is also a comeback cream for drier skins (50ml, £25) and a clear the way mask to remove excess oil (130ml, £13).

Advertising breaks in the last week of August in national newspaper colour supplements and women's magazines. About 1 million samples will be available in-store along with consumer leaflets.

• Elizabeth Arden and parent company Unilever have announced a research agreement in the US with the Linus Pauling Institute of Science and Medicine. The two will work together to evaluate the topical effects of vitamins on the skin. **Elizabeth Arden Ltd. Tel: 071-224 1213.**

Beach bag offer with Elancyl

A free beach bag is being offered with every purchase of Elancyl anti-cellulite products over £20.

The pale green bag rolls out into a beach mat, waterproof on one side and with towelling on the other.

The offer is part of a consumer awareness drive which includes a £250,000 national Press campaign and a consumer leaflet.

The leaflet, "Cellulite: what it is and how to beat it", can be obtained free by sending a stamped addressed envelope to: Elancyl Leaflet, PO Box 43, Wantage, Oxon OX12 8LZ. **Chefaro Proprietaries. Tel: 0223 420843.**

A price marked promotion for independent retailers is available on Tampax flushable tampons. The promotion will apply to all packs of ten in all absorbencies from mid-June as long as stocks last. Mini will be priced at £1.09, Regular £1.19, Super £1.29 and Super Plus £1.45. Tambrands Ltd. Tel: 0705 474141

Gluten-free foods

A range of gluten- and wheat-free foods and ingredients has been launched by General Designs.

The Valpiform brand is distributed by Farillon and includes bread and pastry mixes (£6.89 for 1kg packs) and plain and chocolate shortbread biscuits. The latter are supplied in 120g and 150g packs respectively (£3.05 and £3.65). **General Designs Ltd. Tel: 081-336 2323.**

Multimam!

Mam have introduced a new selection of colours and designs to their Ulti-mam skin care soother range. The new shades, deep cyclamen, jade green and violet, have also been incorporated in the Mam feeding range. New designs include a turtle, sportscar and an abstract face design. Available in display cartons of 12 assorted pairs, they retail at £2.80. **Mam (UK) Ltd. Tel: 021-459 4304.**

Red hot lips

Mon Rouge red lipstick from Parfums Paloma Picasso is being reformulated to give improved hold and texture. Combining UV protection and an anti-free radical complex, the new Mon Rouge will be available from September. **Prestige & Collections. Tel: 081-979 6699.**

Cruelty-free

The British Union for the Abolition of Vivisection is making available a free booklet of companies which supply "cruelty-free" cosmetic products. The booklet lists BUAV-approved ranges which have not been tested on animals within the last five years. Copies are available from the **BUAV. Tel: 071-700 4232.**

Spectraban up

Stiefel sunscreens, Spectraban 15 and Spectraban Ultra, have had their SPFs increased. The packs have an existing SPF of 15 and 17, respectively, measured on the German DIN scale. However, a switch to the Australian system of measurement results in the products having SPFs of 25 and 28 respectively. **Stiefel Laboratories. Tel: 0628 524996.**

Go for colour

Parfums Boucheron are introducing a limited edition Colour Collection of fragrances.

The three-strong range comprises 30ml eau de parfum presented in three frosted glass flacons (£37) with a semi-precious stone and equisite cap produced out of either agate, malachite or rhodochrosite. **Maurice Douek. Tel: 071-328 1036.**

BUILDING NEW BUSINESS

The United Kingdom is leading the world in POM to P switches, to give consumers more responsibility for (and control of) their healthcare needs. Here, Warner Wellcome is leading the way in introducing real breakthrough products – through pharmacy.

With Zovirax Cold Sore Cream, for instance, providing consumers for the first time with a treatment that can prevent cold sores appearing.

It has already doubled the number of people coming to pharmacy for cold sore treatment. Already 80% of sales in the category are for Zovirax. And the product has generated over £12 million of new pharmacy sales since launch. A major new support programme for pharmacy and consumers is planned, to continue this success story and expand the market still further.

And this year has seen the introduction of Beconase Hayfever – making available OTC the same formulation as Beconase, the most frequently prescribed intra-nasal steroid. Backed by an extensive pharmacy training programme and consumer advertising with in-store support, Beconase Hayfever represents another major new POM to P opportunity.

And there are more switches to come from Warner Wellcome.

Warner Wellcome, together with you.

Warner Wellcome

CONSUMER HEALTHCARE

Strength and commitment together

Warner Wellcome Consumer Healthcare, Lambert Court, Chestnut Avenue, Eastleigh, Hampshire, SO53 3ZQ.

Political responsibility with self-medication

Over 500 participants from 30 countries attended the annual meeting of the European Proprietary Medicines Manufacturers' Association (AESGP) in London this week. The theme at the meeting was "The individual and healthcare trends: getting the balance right." The meeting marked 30 years of AESGP and the 75th anniversary of the Proprietary Association of Great Britain

Opening the meeting, Roberto Montanari, AESGP president, said the importance of self-medication was now widely recognised by politically responsible European institutions.

"We are even witnessing a move from purely passive recognition to active promotion of self-medication in which all partners involved collaborate to provide the best service to the people and the healthcare systems," he said.

"This may also lead to more long-term stability for the European healthcare systems with obvious benefits for all."

And the AESGP had changed. Initially the right to self-medicate was at the heart of its activities. As this right was now generally recognised, the focus was on comprehensive support systems to make better use of the potential benefits of self-medication. This included systematic political work on all scientific, legal, economic and political aspects relating to non-prescription medicines.

AESGP president Roberto Montanari is pictured (from the left) with PAGB executive director Sheila Kelly and Junior Health Minister Tom Sackville. (See this page for Montanari and Sackville speeches)

'Sensibly self-medicate'

A wider and sensible use of self-medication has much to contribute to the nation's health, said Thomas Sackville, Parliamentary under secretary for Health. "It is a prime example of partnership and co-operation between government, industry, the professions and, perhaps most importantly of all, the patients."

Junior Health Minister Tom Sackville addresses AESGP

He said that self-medication formed part of the philosophy behind the Health of the Nation White Paper, which concentrated on areas in which people could take responsibility for their own health and disease prevention.

Self-medication gave individuals greater freedom to determine for themselves what medicines they would use. It helped GPs use their time and money more effectively and it drew on the "wealth of professional expertise which is on hand in over 10,000 community pharmacies in England."

Referring to the increased speed with which medicines can now switch from POM to P, he said: "It is very pleasing to see such a successful and continuing collaboration between governments, PAGB, the ABPI, the pharmaceutical profession and industry — all working together to remove potential obstacles to a wider, sensible use of self-medication."

In touch through screens

Pharmacy staff and customers have reacted favourably to touch-screen computers as a means of giving product information in pharmacies, although one pharmacist was concerned that the system was designed to replace him!

Robin Perry, Integrated Network for Computer Administration, described a pilot study of an interactive communication system which has been operating in 50 Hills' pharmacies for six months.

By simply touching the screen, customers can obtain information on suitable products in less time than it would take to receive an answer from a sales assistant. Manufacturers pay less than £1 per pharmacy a week to support their products and help fund the system.

In the study an average of 30 people a day used the system, each on average viewing 16 screens. Sales were monitored and it was found that products performed better in stores with the system than in those without.

Products already heavily advertised recorded smaller net gains.

The system was generally welcomed by pharmacy staff, many of whom used it as a counselling aid, while customers appreciated that they could spend as long as they liked viewing the information without feeling under pressure or embarrassed about sensitive subjects.

OTC disaster looms ahead

A warning that there would be a potential disaster in the OTC medicines industry if pharmacists did not improve their medicines supervision, came from Derek Prentice, president, Bureau Européan en des Unions de Consommateurs in Brussels, Belgium.

He drew attention to the UK Consumers' Association studies in 1974, 1984, 1987 and again this year which showed that the "so-called supervision of P sales is a sham and there is a long way to go before consumers can be confident that pharmacists are providing adequate safety checks".

Unless consumers could have confidence that they were getting the kind of advice the OTC medicines industry wanted them to have and that pharmacists were following their own ethical guidelines, then "as sure as eggs are eggs" a disaster would take place and there would be enormous pressures on the Government and industry to introduce further OTC restrictions.

GP/pharmacist co-operation

The European Parliament supports self-medication in close co-operation with GPs and pharmacists, so says Ken Collins, Euro MP for Strathclyde East.

As chairman of the EP's Environment and Public Health Committee for the past ten years, he said the committee was in favour of encouraging OTC treatment because it was a way to prevent other large-scale expenditure "but it would be very bad for some member states to encourage this simply as a cover for cutting their health expenditure, and to retreat from their commitments to public health care."

There was some concern that in stressing individual responsibility some states could be moving away from the concept of national healthcare systems, he said.

Mr Collins added that his Committee would like to see an increased use of generics and to see member states agree on minimum standards of health-care. There was also the need to appoint a Health Commissioner to be responsible for all aspects of health, "then we will know where the buck stops very precisely".

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Growing importance of self-medication: new survey points the way

The growth of self-medication markets has not lived up to expectations, according to Colston Herbert, Sterling Health Europe.

One reason could be that pharmacists have been slow to see the opportunities in self-medication and are afraid of distribution expansion, he said.

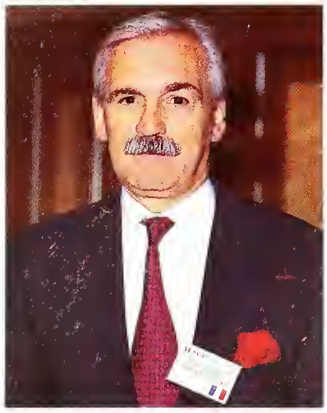
"We need influential pharmacists who are accessible and who are prepared to make proper facilities available for consultation and, of course, pharmacists who are prepared to give more visibility to self-medication products."

But a survey of 1,600 consumers in the UK showed that just over two-thirds would treat minor illnesses themselves. The main reasons for going to a pharmacist were to choose the right medicine (37 per cent) and to save time by not going to a doctor (25 per cent).

Those wanting to save time were mostly aged 21-54 and in employment, while those saying they would not go to a pharmacist were mostly elderly, male and retired.

The main reason for going to a doctor would be if the symptoms got worse (70 per cent) followed by such reasons as symptoms persisting for a few days (19 per cent) or that a bought medicine did not work after three days (10 per cent).

Surprisingly, people exempt from prescription charges did not regard free medicines as an important reason for going to the doctor for minor ailments.



PAGB president Colston Herbert

Some countries have introduced booklets, given to consumers by doctors and pharmacists, describing the symptoms of common complaints and advising on what to do. The Dutch government part-funded such a booklet in Holland last year, and 70 per cent of consumers in the UK survey said they would be less likely to go to the doctor if they had this kind of information available.

Mr Herbert suggests that other reasons for the slow growth of self-medication markets could be:

- consumers are often unaware of alternatives for self-medication
- governments have not recognised the important contribution self-medication can make and have imposed limits on ingredients and indications
- doctors jealously guard doctor/patient relationships and are uncertain about their ability to recommend OTC products
- some pharmaceutical companies have been reluctant to seize the opportunities of POM to P switches.

Mr Herbert suggested that educating the public to regard self-medication as the first approach to dealing with common ailments would have considerable impact. And governments should incorporate a self-medication policy, built on confidence in its practice and products.

He thinks the process of empowering consumers by broadening the range of indications and active ingredients should continue. And the industry should learn from colleagues in the script market by enhancing patient compliance with convenient and innovative delivery forms.

PR to promote OTC medicines

Alberto Contri, president of the Italian Association of Advertising Agencies, described a campaign sponsored by OTC medicine manufacturers to promote the concept of self-medication to the public.

The first advertisement, in newspapers and magazines, listed drugs which could be bought without prescription for the treatment of minor ailments. This was followed by a list of pathologies which could be dealt with by self-medication drugs.

The third step was a "responsible self-medication" poster in pharmacies, giving basic rules for using OTC medicines. The poster, sponsored by the Health Ministry, might open the way towards another important goal, said Mr Contri — to have the long sentences, compulsory in television and radio commercials, replaced by a simpler statement to "read the warnings" displayed in pharmacies.

There are plans to distribute videos to television networks and to participate in healthcare broadcasts. Pharmacists have taken part in seminars on self-medication and journalists have been sent a card-file that will be updated at intervals.

Strater says decentralised procedure particularly important for OTC products

The decentralised procedure for marketing authorisations in the EC will be particularly important for OTC products, according to Burkhard Strater, a German lawyer.

Mutual recognition of marketing authorisations should be a realisable objective in the medium-term, he thought, as the long process of harmonisation should have increased the level of trust in the assessments of other regulatory authorities.

Manufacturers would therefore have much quicker access to the internal market, but further measures were needed to increase this trust by improving the acceptability of assessments. He suggested that the European Medicines Evaluation Agency should draft some rules for harmonising the first phase of the decentralisation procedures to ensure that a large number of the original assessments would be recognised and accepted.

Mr Strater thought the arbitration procedure would still be inevitable in many cases, particularly for herbal medicines, and it would be useful if the EMEA produced a guidance note on these products to encourage harmonisation of assessment standards.

New Regulations on variations to marketing authorisations are expected to come into effect early in 1995, the speaker continued. There will be two types of variation — Type I and Type II — and the latter and will not be authorised automatically after the 90 days allowed for decision-making.

There are discussions as to whether these new Regulations will apply to products with solely national marketing authorisations as well as those authorised under the new system. The draft texts show that the Commission intends to apply the new rules to existing product authorisations.

As this could cause possible legal objections and workload problems, Mr Strater proposed that the new rules should be restricted for a test period to products authorised under the new system.

Every bodies' skin subject of new campaign

A new organisation has been set up to look after the interests of people with skin diseases.

The Skin Care Campaign, whose slogan is "A healthy skin for every body", has the following aims:

- to promote health education programmes for skin care and the prevention of skin disease
- to raise awareness about the importance of skin and the cost of skin disease to individuals, employers, the NHS and the nation as a whole
- to promote the need for adequate and efficient allocation of resources to prevent and treat skin disease.

Tina Funnell, director of the National Eczema Society, which is one of the six patient groups supporting the campaign, told the conference that work had started on two important initiatives. The first was to set up an all-party Parliamentary group on skin and the other was to work with two purchasing health authorities to help them prepare contracts for skin care.

She urged her audience to assist the SCC in refocusing the NHS to become truly patient-centred.

"A major concern for us would be to ensure that health care is delivered much more via a team approach, where all the professionals are working together," she said. "All patients will have a range of needs, and the role of the nurse, the pharmacist, the managers and the pharmaceutical industry are of equal importance to that of the doctor. As patients move around the system it is essential that there is collaboration, co-operation and communication."

The National Eczema Society is looking into the possibility of extending its telephone service and advice lines, and perhaps helping people with skin problems such as leg ulcers and fungal infections for whom there is no support group. A national education and training manager will set up patient-centred training for GPs, nurses, pharmacists and managers.

Earlier, Mrs Funnell explained there was an increasing recognition that the traditional methods of delivering healthcare were fundamentally incapable of meeting the needs of people with long-term, incurable medical conditions. Such people often knew more about these conditions than their professional carers and had the right to be involved in agreeing and implementing their treatment plans. The health service agenda should be changed to take their views into account, she said.

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Pharmacist as healthcare service provider

Pharmacists' contribution to health gain, together with methods of demonstrating and assessing this, were discussed at the Chiltern Region Conference last weekend. Over 50 pharmacists attended to listen to the views of speakers from the different fields of the profession

Pharmacists need to consider all the services and functions they can perform effectively and efficiently in primary healthcare, said Peter Noyce, Professor of Pharmacy Practice, University of Manchester.

"It is important to establish what pharmacy adds to outcome [of health gain] over and above product."

Pharmacists have traditionally been healthcare product suppliers and they must now aim to be healthcare service providers, he added.

He said health service research on pharmaceutical functions has focused on the following:

- **Patient needs/demands and outcomes** Pharmacists should target their services according to local population needs and the Government's Health of the Nation aims. However, priorities for health gain are different for the public, general practitioners and managers. Therefore, needs assessment must take account of public perception of healthcare issues.
- **Models of pharmaceutical care** Such models can cut across community and hospital pharmacy. An integrated diagnostic, therapeutic and education package for duodenal ulcers, for example, will include endoscopy, triple therapy drugs and education material for the patient. Pharmacy-based smoking cessation packages is another example.
- **Health technology assessment programme** The programme assesses the efficacy, safety, cost-effectiveness and social and ethical impacts of health gain. It focuses on the methods used by healthcare professionals to promote health, prevent and treat disease and improve rehabilitation and long-term care.

These methods use "hardware", eg medicines, imaging and equipment; "software", eg health education and treatment protocol; and services and skills provided.

Professor Noyce foresees a devolution to local level of pharmacist renumeration due to the local needs of health gain. FHSAs and DHAs will work together as a commissioning authority looking to commission local activity.

The line which exists between hospital and community pharmacy will gradually disappear, added Professor Noyce, as the two groups begin to work together to achieve health gain in the pharmaceutical sector.

Peter Noyce

Understanding the changed focus of NHS aims

The NHS reforms must be clearly understood by the profession, said Charles Butler, community pharmacist in Reading. He continued to say that "without that understanding we cannot begin to put our daily practice into context within the NHS world".

Charles Butler

Community pharmacy's potential contribution fits in with the "changed focus" of the NHS aims, he said.

The focus is away from treatment and secondary care and towards prevention and management of disease at primary care level.

Pharmacists can deliver such services because they have unique abilities and features in the healthcare team.

These abilities include accessability, extended hours, on-demand service, knowledge and public trust. The pharmacist is also an NHS gatekeeper and is value for money.

Mr Butler said that, although pharmacy's present contribution to health gain is extensive, recognition for it is minimal. "The profession has a major job to do in selling the benefits of community pharmacy to those who make the decisions," he added.

New contributions to health gain should be tailored to the Health of the Nation key areas.

Coronary heart disease and stroke

- **Smoking**
Nicotine replacement therapy, identifying smoking related problems, targeting pregnant women, smoking cessation clubs
- **Diet and nutrition**
Weight control, dietary advice, supplements, cholestrol, alcohol consumption
- **Blood pressure**
measurement, advice on management, compliance with therapy.

Cancers

Pharmacists can be involved in early detection, referrals to GPs and management of nausea, pain control, compliance and hair loss.

Mental illness

Contributions by pharmacists can be made in awareness and referral, DUMP, achieving compliance, control of OTC sales, liaison with community psychiatric nurses and involvement in community care plans.

There are also opportunities for contribution to HIV/AIDS and sexual health Government targets.

Mr Butler summarised that "service has to match society's needs and its quality must match society's expectations". To achieve this the profession must understand integrated purchasing and the need for research.

The PSNC and LPCs must also adapt to the NHS reforms by co-ordinating research projects which can be used as negotiating tools at local health service levels. Suitable areas of work, skill mix, training requirements and sources of funding must be identified to achieve these.

Training essential to change

Pharmacists interested in getting contracts from commissioning authorities will need to be trained appropriately, according to Peter Wilson, regional pharmacy development manager for North Thames regional health authority.

"Pharmacy is under pressure to change," he added, and pharmacists must recognise "opportunities to grasp roles" and develop their negotiating. Pharmacy assistants, who are at the forefront of health gain through the POM to P switch, will also need thorough training.

Dr Wilson said health gain can be assessed as follows:

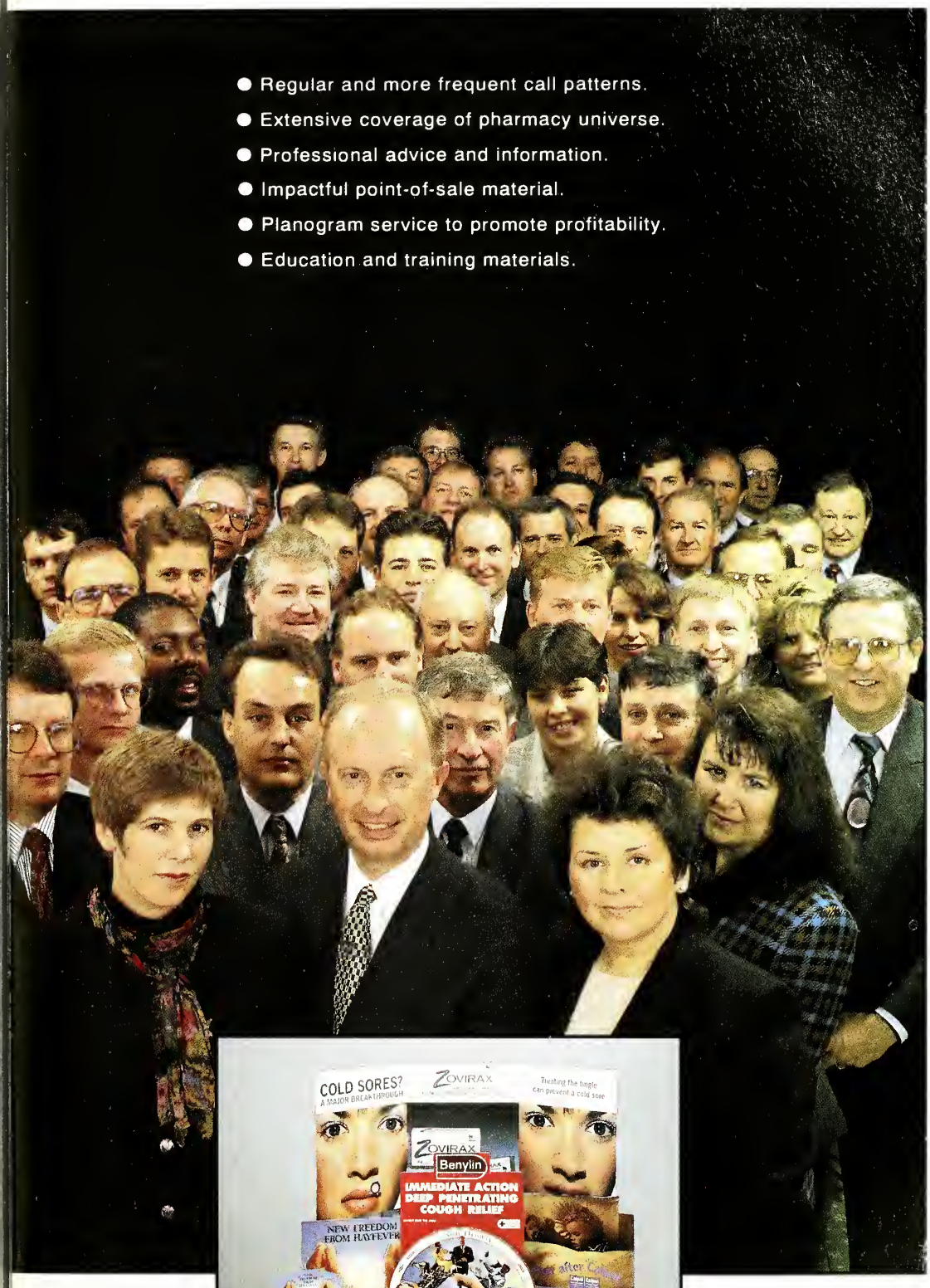
- health outcomes or change in health status resulting from intervention will function as an indicator of trends resulting from pharmaceutical care
- measurement of progress toward targets, using valid and reliable results should be collated and analysed for use as an audit tool or to identify healthcare trends and outcomes from pharmaceutical care
- pharmaceutical care offered in terms of procurement of pharmaceuticals, prescription monitering, supply and patient education and monitoring.

Dr Peter Wilson

More published research is needed on measurement outcomes from pharmacists, said Dr Wilson, to assess the

Continued on p1048

CUSTOMER SERVICE SECOND TO NONE



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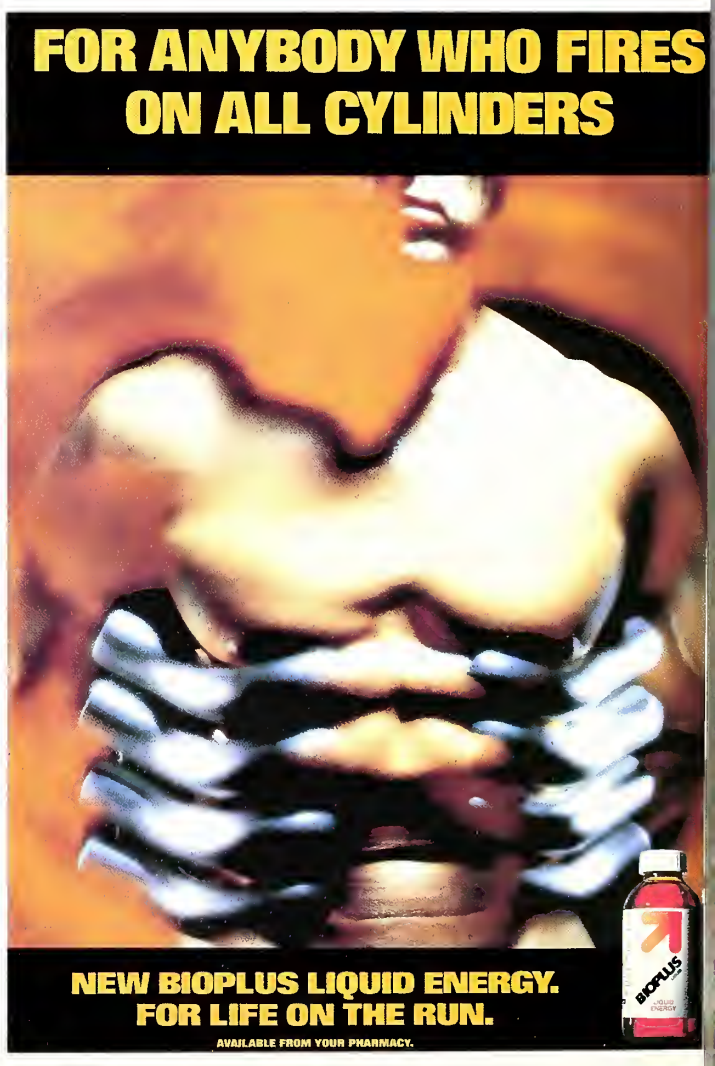

Adcock Ingram

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Continued from p1044

value aspects of pharmaceutical care and demonstrate the pharmacist's role in the primary healthcare team to commissioning authorities.

Pharmacy recognition from DoH

Jeanette Howe

A contribution to health gain and a more satisfying career are potential rewards for pharmacists who are actively involved in improving health, said Jeanette Howe, principal pharmaceutical officer, Department of Health.

Pharmacists must demonstrate their role in health gain in order to achieve recognition from the DoH.

It believes pharmacy's main areas of contribution are health promotion, medicine management and effective prescribing.

Pharmacy services should become patient-oriented, not product-led; should be collaborative with other healthcare professions; and targeted to patient needs.

The DoH is reviewing renumeration and will base rewards on patient-targeted services at a local level.

Pharmacists should be able to demonstrate to purchasing authorities their current contributions to health gain and suggest ways of extending clinical services from secondary to primary healthcare.

Mrs Howe said the profession can prepare itself for these changes by scaling up research and developing methodology, education and audit.

• Rob Kember, Leo Laboratories, wants healthcare professions, the pharmaceutical industry and the Government working together to deliver healthcare to the patient.

He advised the Government to look at absolute costs, not relative costs, to the NHS. Capital employed in the pharmaceutical industry was 4 per cent in 1990, compared with 20 per cent in 1967. If the drugs bill decreases further, re-investment in research and development will be sacrificed.

Industry must provide more and better medicines to healthcare and continue the trend of POM to P changes.

Mr Kember said the health service would be more cost-effective if healthcare moved from tertiary to primary level.

Medical Matters

Making progress towards ideal hypnotic

"Although we may not find the ideal hypnotic during my lifetime, we are making progress towards it," said Professor Robert Priest at the launch of Stilnoct the new non-benzodiazepine hypnotic (**Script Specials**, May 14, p798).

The ideal hypnotic should:

- be prompt in onset of action
- leave the patient feeling refreshed when they awake
- have no REM rebound
- have no anxiety rebound
- create no dependence
- create no ataxia
- leave no muscle weakness
- create no disinhibition
- create no amnesia
- be safe in overdosage.

According to studies presented by Dr Ewan Walters, medical director at Lorex, Stilnoct was developed with these objectives in mind. "It has a rapid sleep onset, gives adequate sleep duration, good quality sleep, has short half-life, is well tolerated, has no residual effects, no tolerance or withdrawal and no potential for abuse."

Lorex say one of the particular advantages of Stilnoct is that it does not affect sleep architecture.

Sleep has five stages. Rapid Eye Movement (REM) or dream sleep usually accounts for about 20 per cent. The non-REM stages are: one, drowsy period (9 per cent); two, unequivocal sleep (56 per cent); and three and four, the deepest sleep, thought to assist rest and physiological recovery (14 per cent).

Benzodiazepines reduce deep sleep and REM sleep by up to 50 per cent which leads to rebound REM sleep (up to 40-50 per cent of sleeping time) and nightmares when treatment stops. As Stilnoct hardly alters sleep architecture, the company says there is no withdrawal syndrome.

Stilnoct has been on sale in France for four years and is the second most frequently prescribed hypnotic. Lorex hope to have 2 per cent of the hypnotic market by the end of the year.

Blood test for *Helicobacter pylori*

A blood test for *Helicobacter pylori*, launched to GPs this week, could eventually become available through pharmacies.

Helisal Rapid Blood is the world's first doctor's desktop test for detecting the bacterium that causes peptic ulcer and gastritis.

Using a thumb prick blood sample, the test (£12) enables a GP to make a therapeutic decision within a few minutes of hearing the patient's medical history, say manufacturer Cortecs. If the result is positive, the patient can be offered eradication treatment without the need for endoscopy.

Cortecs' managing director, Geoffrey Hill, told *C&D* there was an increasing belief that *H. pylori* had no value and should be eradicated.

"If this view becomes generally established, it would make sense to have a test available for the general public to use themselves," he said.

Cortecs have been marketing Helisal saliva test to hospitals for about a year. Mr Hill said the company was looking into the possibility of marketing an OTC saliva test or a blood test which could be carried out by trained personnel. A pharmacy product could be available in two to three years, he thought.

He predicted that Helisal Rapid Blood could save the NHS about £100 million a year by reducing the number of endoscopies and by preventing ulcer relapse with eradication treatment rather than expensive maintenance therapy with H2 antagonists.

News

Indigestion remedies continue surge

A combination of higher stress life styles and a taste for foreign cuisine will continue to make indigestion remedies the fastest-growing over the counter medicines for the next few years.

According to the new Euromonitor report, "The World Market for OTC Healthcare", total growth in this sector will be 15 per cent from 1992 to 1997. Even taking inflation into account, this will amount to an increase of £19 million a year.

The report also forecasts that analgesic sales will grow 6 per cent in this period, from £204-£217m, while the cough and cold remedies sector will increase 5 per cent. Growth in vitamins and dietary supplements sales will be around 12 per cent.

Overall, OTC sales in the UK are predicted to increase by 9.7 per cent from 1992-97 — from £1.841-£2.019 billion. This is comparable with other mature markets such as the US and Japan where the business will be worth £17.4bn and £7.4bn respectively by 1997.

OTC sales will increase fastest in less developed countries, with Brazil expected to experience growth rates of 44 per cent and South Africa 53 per cent. For further details contact Euromonitor on 071-251 8024.

Durrington pharmacy faces more Boots' undermining

A second dispensing doctor practice in Durrington, Salisbury, is sending patients' prescriptions to the nearest Boots rather than have them dispensed in the local pharmacy (*C&D* March 19, p453).

Edwards Pharmacy was granted a contract to dispense, despite fierce opposition from two dispensing doctor practices. The Avon Valley Practice opted to send prescriptions to a Boots 12 miles away and now the second practice has done likewise.

Pharmacist Sultan Dajani feels he is being victimised by the doctors who resent having their dispensing business taken away. He is also angry at Boots' attitude and believes that if the Royal Pharmaceutical Society allows the company to continue, others will follow suit. Ultimately, he warns, this will lead to the demise of independent pharmacies and an increase in the number of dispensing doctors.

Boots' actions have been the subject of a referral to the Society's Statutory Committee.

Sexy suntan in Bracknell

Bracknell pharmacies are answering consumer queries about safe tanning and sexual health as part of the Healthy Bodies in Bracknell campaign initiative.

"The programme in Bracknell pharmacies aims to reduce the incidence of skin cancer and help Berkshire family health services authority reach its Health of the Nation targets in relation to sexually transmitted diseases," says FHSA pharmaceutical advisor Ralph Higson.

OK gingivitis you asked for it

As a pharmacist you know there's no better name than Corsodyl for the treatment of gingivitis. No more reassuring sight to the professional eye than the phrase '0.2% chlorhexidine', which appears on every bottle of Corsodyl Mouthwash.

It's not surprising then that Corsodyl Mouthwash has your firm recommendation (for not only gingivitis but also gingival healing following surgery and mouth ulcers too). You would not want your customers to tackle oral infection without some serious healing power on their side.

CORSODYL

0.2% w/v chlorhexidine gluconate

Give gingivitis the medicine it deserves

PRODUCT INFORMATION Consult Data Sheet before prescribing. **USE** inhibition of plaque; treatment and prevention of gingivitis; maintenance of oral hygiene. Mouthwash and Mint Mouthwash are also indicated for the promotion of gingival healing following surgery and the management of aphthous ulceration and oral candidiasis. **PRESENTATION** *Spray and Mint Mouthwash:* A clear colourless solution containing 0.2% w/v chlorhexidine gluconate. *Mouthwash:* A clear pink solution containing 0.2% w/v chlorhexidine gluconate. *Dental Gel:* A clear colourless gel containing 1% w/w chlorhexidine gluconate. **DOSAGE AND ADMINISTRATION** *Spray:* Apply to tooth and gingival surfaces using up to twelve actuations of the spray twice daily. *Mouthwash and Mint Mouthwash:* Rinse mouth with 10ml undiluted for one minute twice daily. Prior to dental surgery, rinse mouth with 10ml for one minute. *Dental Gel* Brush the teeth with one inch of gel for 1 minute, once or twice daily. **CONTRAINDICATIONS** Previous hypersensitivity reaction to chlorhexidine. Such reactions are, however, extremely rare. **PRECAUTIONS** For oral use only, keep out of eyes and ears. **SIDE EFFECTS** Occasional irritative skin reactions. Generalised allergic reactions to chlorhexidine have also been reported but are extremely rare. Superficial discolouration of the tongue, teeth and tooth-coloured restorations may occur. This usually disappears after discontinuation of treatment. Staining can largely be prevented by cleaning teeth or dentures before use but may sometimes require scaling and polishing for complete removal. Stained anterior tooth-coloured restorations which are not adequately cleaned by professional prophylaxis may require replacement. Transient taste disturbances, burning sensation of the tongue and oral desquamation. Very occasional parotid swelling. **PRODUCT LICENCE NUMBER AND BASIC NHS COST** **'Corsodyl' Spray** (PL0079/0311) 60 ml (OP) £3.08 **'Corsodyl' Mouthwash** (PL0079/0313) 300 ml (OP) £1.38 **'Corsodyl' Mint Mouthwash** (PL0079/0312) 300 ml (OP) £1.38 **'Corsodyl' Gel** (PL0079/0314) 50g (OP) £0.91 **'Corsodyl'** is a trademark. **Legal Category P.** Date of last revision December 1993.

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Pharmacy update

Monitoring the community

In part two of his discussion of therapeutic drug monitoring, John Quinn, research pharmacist at the Centre for Pharmacy Practice, The School of Pharmacy, University of London, brings the concepts of TDM to the reality of a community setting using frequently prescribed drugs to demonstrate the basic principles

The first part of this article (*CD* December 18/25, 1993) dealt with the basic principles of pharmacokinetics and therapeutic drug monitoring (TDM), with the emphasis on concepts rather than equations.

This part highlights how to use these principles in the monitoring of individual drugs: in this case digoxin, theophylline, phenytoin and lithium.

These drugs have been chosen as examples, as they are more likely to be prescribed in the community environment compared to other candidate drugs for TDM, such as cyclosporin or gentamicin.

Digoxin

Digoxin is a cardiac glycoside, mainly used for the treatment of atrial fibrillation with or without heart failure. It is now being used to treat heart failure with patients in sinus rhythm, though this indication is controversial and some would argue the value of digoxin for these patients.

Digoxin has a narrow therapeutic range which lies between 1 and 2 micrograms per litre. Below 1µg/L and there is a lack of effect and above 2µg/L then toxicity may occur.

Remember that these are population values and not all patients respond exactly this way. A patient with a low level below 1µg/L may be very well controlled and a patient who has a high level may not show signs of toxicity. In these patients, it is usually necessary to work out their individual pharmacokinetic parameters. It is a good policy to treat the patient, not the number.

Table 1: Digoxin bioavailability values

Digoxin formulation	Bioavailability
IV	1
Tablets	0.63
Liquid	0.8

The inotropic properties of digoxin, those which increase the strength of myocardial contraction, occur at 0.9-1.5µg/L and the chronotropic properties (affecting the heart rate) occur at above 1.5µg/L.

Since digoxin has linear kinetics, doubling the dose will effectively double the plasma concentration level. Similarly, halving the dose will halve the plasma digoxin level.

The bioavailability of digoxin differs for different formulations and products (Table 1), hence, if the formulation changes, a change in dose may be required. This is of particular importance in patients with renal dysfunction, and in the elderly, particularly.

Digoxin distributes mainly to lean tissue (for instance, muscle and the myocardium) and therefore any weight measurement should be calculated as the lean body weight rather than the actual weight.

This can easily be found by using nomograms or by equation. It takes between six and eight hours for digoxin to distribute to the tissues, therefore plasma levels must not be taken in less than this time from the last dose. Digoxin is metabolised a little by the liver, but most is excreted unchanged in the kidneys.

Clearance is related to the creatinine clearance (a measure of the glomerular filtration rate) and disease state (for instance, is there any congestive heart failure?). The average half-life of digoxin is 40 hours, hence steady state is reached in approximately one week.

When monitoring patients on digoxin a lack of effect would be characterised by a rapid, irregular pulse. The patient may be aware of this phenomenon or they may feel generally unwell.

Toxicity manifests itself as nausea, vomiting, loss of appetite, feeling of general ill

Continued on pii

Table 2: Important digoxin-drug interactions

Drug	Change in digoxin level
Quinidine	250% increase
Quinine	75% increase
Amiodarone	70% or more increase
Verapamil	70-80% increase
Nifedipine	45% increase
Spironolactone	increased
Antacids, kaolin, pectin, neomycin, sulphasalazine, cholestyramine	Decreased due to less absorption

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health, abdominal pain, diarrhoea, confusion, altered colour vision and arrhythmias, both tachyarrythmias and bradyarrhythmias.

Digoxin levels can be influenced in two ways: by affecting the therapeutic range or by affecting the plasma concentration.

- **Affecting theraputic range:** The therapeutic range can be altered by hyperthyroidism or unstable atrial fibrillation which will decrease the myocardium sensitivity to digoxin and more would be required to bring the patient under control.

Hypothyroidism, severe congestive cardiac failure, cor pulmonale, acute myocardial infarction, hypokalaemia, hypomagnesaemia and hypercalcaemia will increase the sensitivity of the myocardium to digoxin and a reduction in dose may be required.

- **Affecting plasma concentration:** Malabsorption syndrome will decrease digoxin levels by decreasing the amount of drug absorbed. Renal or hepatic failure, and also severe congestive cardiac failure, will tend to increase plasma digoxin levels.

Drug interactions are important in the monitoring of patients taking digoxin. They can either increase or decrease plasma levels (Table 2).

Digoxin is a commonly prescribed drug and monitoring patients taking it is worthwhile. Even without a digoxin level, many problems can be predicted and some correct advice to the prescriber or the patient can prevent problems occurring in the future.

Theophylline

Theophylline is a bronchodilator which has a therapeutic range between 10-20μg/ml although there is some beneficial effect as low as 5μg/ml. It has been shown to be beneficial in both acute and chronic asthma.

The bioavailability of theophylline is 100 per cent. This is true for all preparations although some of the sustained-release formulations can have individual variations from this value.

Aminophylline is a salt of theophylline and this is taken into consideration by giving it a salt value of 0.79 when working out pharmacokinetic parameters.

Theophylline pharmacokinetics can be described using a two-compartment model. The distribution phase of this takes 30-45 minutes after an IV dose. The drug does not appear to concentrate in any particular tissue, although if the patient has an obesity factor over 20 per cent, then both the lean body weight and the excess body weight should be taken into consideration when working out pharmacokinetic parameters.

Metabolism of theophylline is extensive (about 90 per cent metabolised before renal excretion) with the remaining being eliminated unchanged. The metabolites are relatively inactive. There is more than one pathway of metabolism which shows a mix of saturable and first order processes.

Theophylline would appear to be linear at lower doses, but at high plasma levels the process becomes saturable, hence small changes in the dose can lead to large increases in plasma theophylline levels with dangerous consequences.

The plasma concentration and adverse effect profile are closely linked. The serious life-threatening seizures, however, are not preceded by more minor adverse reactions such as nausea, vomiting, headache, insomnia, irritability and diarrhoea. Therefore the best indication of the likelihood of serious side-effects, like seizures and arrhythmias, occurring is plasma levels.

Factors affecting the plasma level of theophylline are usually split into those which increase or decrease the clearance of theophylline. Things that increase the clearance of theophylline will therefore result in a low steady state plasma concentration (Table 3). Those factors which decrease theophylline clearance will result in an increased plasma steady state level (Table 4).

Table 3: Factors increasing theophylline clearance

- Smoking — induces liver enzymes
- From 1-16 years of age, due to increased metabolic activity
- High protein, low carbohydrate diet
- Phenobarbitone and other barbiturates — must be given long enough to induce hepatic enzymes
- Phenytoin, rifampicin and carbamazepine may cause an increase in metabolism

Table 4: Factors decreasing theophylline clearance

- Premature and full-term neonates
- Drugs — cimetidine, erythromycin, caffeine, ciproxin
- Viral infection and pneumonia
- Severe pulmonary obstruction
- Severe forms of heart failure
- Cirrhosis and liver impairment

Phenytoin

Phenytoin is an anticonvulsant used to treat many different types of seizures. It has a population therapeutic range of between 10-20μg/ml, although some patients can be controlled at levels as low as 5μg/ml.

Phenytoin is available as phenytoin and phenytoin sodium, which have different bioavailabilities (Table 5). Approximately 90mg of phenytoin is equivalent to 100mg of phenytoin sodium.

Phenytoin distributes rapidly into tissues within 30-60 minutes of a slow intravenous dose. It is highly protein bound to plasma albumin and tissue, and any factor that reduces this protein binding can increase the free concentration in the plasma, which may lead to toxicity.

Protein binding can be reduced by factors that reduce the plasma albumin levels, for example, renal or liver disease. Raised bilirubin and urea levels can also displace phenytoin from these binding sites. Some drugs can cause phenytoin displacement from plasma proteins.

Phenytoin is eliminated mainly by metabolism via inactive metabolites and this metabolism tends to be a saturable process at therapeutic doses. This means that small increases in the dose can lead to large increases in the plasma levels, hence unexpected toxicity.

The dosing of phenytoin should be carefully titrated and any patients suffering from unwanted effects after an increase in their dose should be suspected of having phenytoin toxicity. The pharmacokinetic model which best describes this saturable process is termed Michaelis Menten kinetics, which is a general model used to describe enzymatic processes. This is a complicated process which is not within the scope of this article.

Adverse reactions of phenytoin fall into two categories:

- Plasma level related: central nervous system effects usually develop at levels higher than 20μg/ml — as the serum level rises so does the severity of this type of reaction. Nystagmus is usually the earliest symptom detected, this usually happening at between 15-30μg/ml. Ataxia is usually seen at levels above 30μg/ml. Alterations in consciousness and dysarthria occur at levels above 40μg/ml.
- Non-plasma level related: gingival hyperplasia, acne, hirsutism, folate deficiency. Mostly, these depend on the duration of therapy rather than plasma concentration.

Drug interactions may also lead to toxicity. The main mechanisms of these reactions are to affect the metabolism of phenytoin or displace it from binding sites (Table 6).

Table 5: Phenytoin absorbtion values and formulations

Drug	Formulation available	Bioavailability
Phenytoin	Suspension and Epanutin Infatabs	1
Phenytoin sodium	Tablets capsules and injection	0.92

Table 6: Phenytoin drug interactions by class

Interaction Type	Effect on Phenytoin	Drug Involved
Impaired hepatic metabolism	Plasma levels increase	Cimetidine Phenobarbitone (in high doses) Chloramphenicol Disulfiram Isoniazid (especially in slow acetylators) Dicoumarol
Induce hepatic metabolism	Plasma levels decrease	Alcohol (a lot of) Phenobarbitone (in low doses) Carbamazepine
Drug displacement	Depends on whether metabolism is saturated or not	Salicylates Valproate Phenylbutazone Sulphonylureas

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AVAILABLE ONLY FROM PHARMACIES

Product Information. Anadin All Night Analgesic Tablets. **Presentation**: Sustained release tablet for oral administration. Each tablet contains aspirin Ph Eur 500mg. **Uses**: For the treatment of mild to moderate pain, particularly overnight treatment. **Dosage**: Adults and the elderly: Two tablets 1-2 hours before retiring for the night. **Children under 12**: Not recommended unless under the supervision of a doctor. **Contra-indications**: Active peptic ulceration, bleeding tendency (hypoprothrombinaemia, vitamin K deficiency, haemophilia), angioneurotic oedema, hypersensitivity to salicylates. **Interactions**: May potentiate the effects of oral anticoagulants, oral hypoglycaemics and methotrexate. The excretion effect of probenecid and sulphinpyrazone may be reduced. **Special warnings**: Do not take any other painkillers whilst taking this product. **Precautions**: Not applicable. **Side effects**: Gastrointestinal disturbances such as dyspepsia and epigastric pain. Highly sensitive individuals may experience major gastric bleeding, skin rashes, anaphylactic reactions, asthma or angioedema. Tinnitus with hearing loss, centrally precipitated nausea and vomiting, dizziness and reversible hypothrombinaemia may occur. **Effect on ability to drive & use machines**: None known. **Incompatibilities**: None known. **Use in pregnancy**: Not recommended. **Overdosage**: Only persons unduly sensitive to aspirin will show symptoms after taking the product at the recommended dosage level. Such persons should discontinue use whereupon symptoms should subside. Severe intoxication from heavy overdosage is shown by hyperventilation, fever, restlessness, ketosis, respiratory alkalosis and metabolic acidosis. CNS depression may lead to cardiovascular collapse and respiratory failure. Treatment is by induced or aspirated gastric emptying. Forced alkaline diuresis may be required after correction of acidemia by sodium bicarbonate infusion. Cardiac or renal impairment may require haemodialysis or peritoneal dialysis. Anti allergic reactions to aspirin can be treated by administration of adrenaline, corticosteroids and an antihistamine. **Pharmaceutical precautions**: Store in a dry place, at a temperature not exceeding 25°C. Legal category [P]. Package quantities: Blisters of 10 tablets, packed in cartons of 10 or 30. Product licence no: PL 0165/0103. Date of preparation: May 1994. Shelf life: 2 years. Price: RSP £1.95, £3.95. Whitehall Laboratories Limited, Taplow, Berkshire SL6 0PH. *Trade mark.

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Table 7: Lithium dose dependent adverse effects

Lithium Plasma Level	Side-effect
1.2-1.5 mmol/L	renal impairment possible
1.5-3.0 mmol/L	renal impairment, weakness, ataxia, drowsiness, thirst, GI upset
above 3.0mmol/L	dehydration, confusion, convulsions, coma, death

Continued from pii

Monitoring of patients who take phenytoin is important, especially when there is a dose change or a drug has been added or omitted as the toxic effects are serious.

Lithium

Lithium is used to treat mania, hypomania, bipolar depression resistant to other treatments, prophylaxis of recurrent affective disorders and control of aggressive or self-mutilating behaviour. The population therapeutic range is 0.4-1.0 mmol per litre.

The bioavailability of lithium is 100 per cent, but importantly, although the different formulations have a similar bioavailability, they are not interchangeable. The release profile of these products differ with the time to peak being different in each of them. Distribution is uneven throughout the body with a volume of distribution of 0.5 to 1 litre per kilogram, tending to follow a two-compartment model.

Lithium is excreted unchanged by the kidneys. It is extensively reabsorbed at the renal tubules (approximately 80 per cent is reabsorbed). Adverse reactions can be divided into dose dependent and dose independent.

Examples of dose independent effects include tremor, hypothyroidism (approximately 10 per cent of patients on long-term therapy), nephrogenic diabetes insipidus, gastro-intestinal upset, weight gain (20 per cent of patients will develop this). Refer to Table 7 for examples of dose dependent effects. Lithium levels above 3.5mmol/L are treated as medical emergencies. Drug interactions can increase the effects of lithium or decrease them (Table 8).

Concurrent use of lithium and chlorpromazine or haloperidol can lead to CNS toxicity. Plasma lithium levels can be affected by a reduced fluid intake or altered sodium intake from the diet and toxicity can occur from both these sources. Lithium has the potential to cause serious adverse effects. It should be monitored closely as both changes in drug therapy or dietary changes can cause problems.

Table 8: Drugs adverse lithium levels

Drugs increasing lithium levels	Drugs decreasing lithium levels
Theophylline	NSAIDS
Urea	indomethacin
Acetazolamide	diclofenac
Sodium bicarbonate	ACE inhibitors
Spironolactone	Loop and thiazide diuretics

Community TDM

Therapeutic drug monitoring is a useful tool in diagnosing and helping choose dosage regimes for patients. There are different approaches to using this information to benefit patients:

- By knowing the drugs and their kinetic properties you can begin to predict the way TDM candidate drugs behave. This allows you to predict whether adverse reactions or lack of effects are likely to occur.
- By having access to individual patient's serum drug levels or other diagnostic work-ups (eg renal function tests) you can work out and predict an individual patient's TDM indices.

This information may be available from the GP or with communication from the local hospital. Portable machines are available which can work out plasma levels of TDM drugs from blood samples from a finger prick. These machines may have to be calibrated regularly and some authorities doubt their accuracy.

The most effective way to run a TDM service from a community pharmacy would be in liaison with the GP. Not all patients require plasma drug levels to be taken. Patients who may require such levels are those who have changes to their situation, such as a potential drug interaction, or a changing medical condition.

If a plasma drug level is not possible or available, use the knowledge of interactions, behaviour of the drug and watch the patient for known adverse effects or lack of response.

If you are considering getting involved in therapeutic drug monitoring, there are many pitfalls. You will need to get training from a course which is practice-oriented or contact a practitioner who works in this area for advice. But conversely, there are many benefits in terms of improving patient therapy and inter-professional liaison with a common aim. Happy TDMing.

Bibliography

British National Formulary September 1993, Number 26, Pharmaceutical Press.

Evans et al, Applied Pharmacokinetics: Principles of therapeutic drug monitoring, first edition, *Applied Therapeutics*. 1983.

Koda-Kimble, M A, Applied Therapeutics: The clinical use of drugs fourth edition, *Applied Therapeutics*, 1991.

A question of misuse

Pharmacists are aware of the potential for abuse of prescription drugs. Here Janie Sheridan, Department of Pharmaceutics, School of Pharmacy, University of London, documents the flipside — misuse of common over the counter medicines

Many over the counter medicines may be misused. This misuse may be intentional for the purpose of obtaining mood enhancing effects, or for manipulating the body's functions, as in the case of laxative abuse in young females.

The misuse may also be unintentional, based on the patient having insufficient or inappropriate information regarding the medicines. Others may be aware that they are using a medication inappropriately, but continue do so, as ceasing to use the medication would lead to discomfort, for instance, rebound congestion from overuse of topical nasal decongestants.

Dealing with sales of OTC medicines which may be abused, or are often misused with detrimental effects on the patient, is a problem which community pharmacists often encounter. They may find themselves faced with the ethical dilemma: "to supply or not to supply".

Abuse and misuse

It is important to distinguish between "misuse" and what will be called "abuse". Abuse, for the purpose of this article, refers to the intentional overuse of OTC medicines for effects other than those for which they have been licensed, often using the incidence of adverse drug reactions which occur at high doses. Many OTCs fall into this category, for example, opiate analgesics such as codeine and dihydrocodeine, sympathomimetics, antimuscarinics and antihistamine.

Misuse will be taken to mean the inappropriate use of medicines, either for the wrong symptoms, for unsuitable lengths of time, or due to previous, inadvertent misuse leading to some form of dependence. Obviously all OTCs could potentially fall into this category, but the most common ones are laxative use in the elderly, sedating antihistamines and cold remedies used to induce sleep, nasal decongestants, decongestant eye drops. This article will concentrate mainly on OTCs which are abused for their side-effects.

There are many ways in which people get to know about OTCs with the potential for abuse. Often it is by trial and error, sometimes by chance, but more commonly by word of mouth.

For instance, opiate analgesics available OTC are often used to supplement street drugs and in some cases may be used to ward off imminent symptoms of withdrawal. Word spreads quickly throughout drug abusing communities with regard to which OTC medicines can be used, for what purpose, and also from which pharmacy they may easily be obtained, and pharmacists may notice a sudden upsurge in the requests for a particular product.

Not all those who abuse OTCs are "drug addicts", in the sense that they are not physically dependent on the drug. However, they may be suffering from certain mental disorders and feel the need to consume large quantities of a drug, as in the case of laxative abuse by anorectics. Care must always be taken, however, not to prejudge clients about their problems with drug misuse. For example, it is all too easy to assume that any underweight young female purchasing a large pack size of Senokot is suffering from some form of anorexia. Obviously diplomacy is the order of the day when trying to uncover any problems.

Common abuse

- **Sympathomimetics**

Sympathomimetics are included in OTCs for their effects on the sympathetic nervous system. These include drying up of mucous membranes, and are therefore useful in the symptomatic relief of cold and flu symptoms. However, when taken in high doses, adverse drug reactions include fear, anxiety, restlessness, tremor, insomnia, confusion, nausea and vomiting. These side-effects are due to central stimulation of adrenergic receptors directly and indirectly by an increased amount of dopamine and noradrenaline.

The sympathomimetics used in OTCs are phenylephrine, phenylpropanolamine, ephedrine and pseudoephedrine. In high doses they may be psychoactive and may induce

Continued on pvi

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euphoria and mental alertness. For this reason they have been used to enhance mood and to improve athletic performance. Their use in athletes is banned by the International Olympic Committee. Sympathomimetics may cause loss of appetite and may be misused for this purpose.

As the drugs are structurally related to amphetamine, psychoses similar to those found in amphetamine users, have been noted in sympathomimetic abusers and symptoms may include paranoia and hallucinations. Children are especially susceptible to the central effects of these drugs and may become extremely agitated after being given the medicine.

• Antihistamines and antimuscarinics

Antihistamines fall into four main categories. Each category contains drugs which are included in OTC medicines and each have central side-effects.

The alkylamines, which include chlorpheniramine and brompheniramine, can cause paradoxical CNS excitation in some patients. Ethanolamines (diphenhydrinate), piperazines (cyclizine and cinnarizine) and phenothiazines (promethazine) all have antimuscarinic side-effects and cause sedation. Antimuscarinic effects include dry mouth, dilated pupils and thirst. CNS side-effects include nightmare, hallucinations, euphoria, tremor and convulsions.

Of all of the above, the drug most commonly abused is cyclizine, and such is the extent of the problem that the Royal Pharmaceutical Society's Council has advised that OTC products containing the drug (eg Valoid and Femigraine) are only sold personally by the pharmacist. Information from drug agencies dealing with drug abusers revealed that it is commonly taken by opiate addicts to prolong the opiate effect and is used either orally or is injected (with all the problems from injecting preparations not intended for that purpose). Cyclizine users may suffer from mood swings and may become violent.

Hyoscine, an antimuscarinic which is available in Buscopan, Feminax, Kwells, and Joy-Rides, may be misused for its central actions and which include hallucinations and delirium. Paranoia and psychotic reactions may also occur.

• Opioid analgesics

The only two opioid analgesics available over the counter are codeine and dihydrocodeine, and may be found in combination with aspirin and/or paracetamol. The doses occurring in OTCs are extremely low and although they may cause side-effects, such as constipation, may not be in doses high enough to produce any extra pain relief. They are not recommended by the BNF. However, when misused, they may be used to supplement the use of other opiates. Some individuals may attempt to separate the codeine from the paracetamol or aspirin, as overuse of combined analgesics would result in paracetamol or aspirin toxicity. Codeine linctus, Gee's linctus and kaolin and morphine are also well known products that are commonly misused because of their opiate content.

• Laxatives

Laxatives are not generally misused for their side-effects. They are commonly overused or abused by individuals who believe that they will help in weight reduction. This includes patients with eating disorders (bulimia and anorexia nervosa) and by individuals with bowel obsession. However, patients not suffering with psychiatric disorders may also misuse laxatives in conjunction with dieting. They are also misused by patients suffering from uncomplicated constipation caused by poor diet, where a laxative is unnecessary and a change of life style more appropriate.

For many reasons, including childhood experiences and mental disturbances, some patients are obsessed by defecating on a regular basis and will use laxatives for this purpose. Others may have become dependent on laxatives for defecation due to previous inadvertent overuse. Whatever the reason, patients may subsequently suffer from dehydration and electrolyte imbalance and this is very common in the elderly, especially if they are also using diuretics. Stimulant laxatives used long-term may cause intractable constipation.

• Other products

Reports have commented on patients dependent on menthol cigarettes and others on Vicks Vapo Rub. The psychotic effects caused are thought to be due to the aromatic amines. Paracetamol has been used by anorectics to induce vomiting and aspirin overuse has been reported to cause feelings of "isolation, relaxation and protection". We should also not forget those products which contain alcohol which are often requested by alcoholics.

Practice points

Sales of OTC medicines form a large proportion of the revenue for community pharmacists. These sales also provide an opportunity for the pharmacist to be pro-active in their counselling and to monitor the sales of certain products. Obviously a knowledge of the ingredients of each OTC is essential as is an awareness of which products have the potential for misuse.

Any sudden unexplainable increases in sales of certain potential "problem" OTCs should be noted and the Society's inspector informed. This will enable other local pharmacists to be updated on any problems in their locality. Other useful contacts are your local Community Drug Team and local Drug Dependency Unit, who will have up to date "street" information on current OTC abuse (and where the supply is coming from!).

For every community pharmacist, "policing" the sales of problem OTCs is a difficult and often unpleasant business, but obviously one which professionally and ethically cannot be avoided. Every community pharmacist at some time must have refused a sale knowing that the individual will just try another pharmacy, and, with the best will in the world, it is often impossible to try and engage the patient in a discussion about the problem. However, some OTC misusers, as mentioned before, are misusing inadvertently and we will only be able to help patients by being pro-active in our approach.

What makes GPs prescribe?

General practitioners often prescribe simply because that is what their patients expect, according to research from London. In a survey of a suburban and an urban practice totalling more than 21,000 patients, 12 GPs were asked to complete reports of what happened during their consultations.

In the waiting room, the patients were also asked to complete a questionnaire, asking them why they were seeing the GP, and what they expected the doctor to do.

Also on the form were some questions designed to estimate their level of anxiety and functional limitation. More than 500 questionnaires were matched with GPs' forms for each practice.

Overall, 70 per cent of patients' expectations were met in the consultation. A prescription was written in 40-72 per cent of consultations (mean 52 per cent), and this correlated significantly with whether the patient expected a script: these patients were five times more likely to get one than those who did not expect drug treatment.

Some 51 per cent had expected to be given a prescription for their problem, and 55 per cent received one. There was a significant correlation between the nature of the problem and writing a prescription: people with respiratory symptoms were most likely to receive drug treatment whereas pregnant women were least likely.

Other significant factors were old age; the duration of the problem; whether the patient had previously consulted about the same problem; and the GP's perception of the patient's level of anxiety and functional impairment — in other words, how big a problem they had. Anxiety and pregnancy were also significant factors determining referral to a specialist.

The authors note that some of the variability in prescribing between GPs, which often cannot be explained by differences in morbidity, could be attributable to patient expectations. *British Journal of General Practice* **1994**;44:165-9

Weighing up the cost of depression

A month's treatment with imipramine costs a few pence, a month's treatment with paroxetine costs over £27. Yet, say health economists, paroxetine can work out cheaper — how?

They constructed a decision analysis model for treatment with either drug which included allowances for withdrawals from treatment and relapse, and considered only the direct costs of illness and treatment.

For example, if the first course of treatment is successful, the costs include the price of the drug and the cost of GP consultations. If relapse occurs, there are further consultations and another course of treatment.

If the first course had been unsuccessful, treatment would have been switched to an alternative antidepressant. Costs were calculated from this model by attributing probabilities to the alternative outcomes based on the results of clinical trials.

It was assumed, based on six placebo-controlled trials in 717 outpatients, that the withdrawal rate with imipramine was 54 per cent compared with 42 per cent with paroxetine. The drugs were assumed to be equally effective, with a 25 per cent relapse rate.

A panel of psychiatrists, GPs and hospital pharmacists provided data about patient management and treatment patterns.

The first treatment course was assumed to last for 12 weeks, that five per cent of patients would be admitted for an average of 14 days and that a second course of treatment would be effective in 60 per cent of cases.

Each treatment failure was estimated to cost an average of £488. This included ten GP visits (£200), five outpatient visits (£180), and, for some, ECT at £60 per treatment, psychotherapy at £50 per session, and hospitalisation at £132 per day.

The total cost of depression in the UK was estimated at £222 million (1990 prices), including a drugs bill of £41.7m, or less than 19 per cent of the total. The decision analysis model showed that the expected cost of treatment with each drug was similar: £430 for paroxetine and £424 for imipramine.

This similarity, despite the huge difference in basic cost, is explained by the different assumed treatment failure rates. The cost-effectiveness of treatment, defined as the cost per successfully treated patient, was £824 for paroxetine and £1,024 for imipramine.

The model is, of course, sensitive to the relative effectiveness of the two drugs. Since the management of treatment failure is a high cost in the model, the 12 per cent difference in withdrawal rate in favour of paroxetine has a major impact.

However, this model suggests that, even if the withdrawal rate with paroxetine is increased to 50 per cent (4 per cent less than with imipramine), the cost per successfully treated patient is still lower — £1,008. Drugs are a relatively low cost compared with the cost of failure.

Nevertheless, the relative efficacy and tolerability of SSRIs and tricyclics is a controversial issue — there is disagreement about whether they differ significantly — and, until it is settled, their relative cost-effectiveness will be uncertain. *British Journal of Psychiatry* **1994**;164:6655-73

Follow-up on Chinese herbs in eczema

Early trials with Zemaphyte, the Westernised preparation of traditional Chinese herbs for the treatment of eczema, were encouraging.

People whose eczema had not responded to aggressive conventional treatment at last found symptomatic relief and the resulting publicity prompted many to demand treatment from the GP and seek out traditional practitioners.

Nevertheless, Zemaphyte was blacklisted: further evidence of efficacy was needed to justify the price tag of £80 for a week's treatment.

Dermatologists from Great Ormond Street were the first to conduct clinical trials on Chinese herbs, and they've now reported their first year's experience of treating refractory eczema in children.

All 37 children who completed a placebo controlled trial of the standardised herbs elected to continue active treatment (some were therefore first-time users).

The sachets of herbs were freshly boiled in 900ml of water daily, reducing to a volume of 100ml. It took 90 minutes to produce this unpleasant-tasting mixture which was drunk warm once a day.

The number of sachets taken varied according to age, with over-14s taking twice the dose given to 1-7-year-olds. This dose was maintained until there was a 90 per cent improvement in symptoms, then reduced every six weeks to the minimum needed to maintain the response.

Other permitted drugs were emollients; hydrocortisone 1 per cent; and oral antihistamines at night.

Some ten children withdrew during the first three months because their parents judged the treatment not sufficiently effective. A further four stopped treatment because it was unpalatable or because their parents didn't have time to prepare the herbs. In all these cases, treatment with topical or oral steroids or photochemotherapy eventually controlled symptoms.

Of the remaining 23, seven were able to stop treatment after their eczema improved and this improvement was maintained at one year. Since there was no placebo control, it is unclear whether any of these responses might have been due to spontaneous remission.

The other 16 were still having treatment at the end of the year, though the dose frequency had been reduced to at least alternate days in 12 children. Of these, 11 had achieved a 90 per cent improvement in symptoms and four experienced a 30-59 per cent improvement.

The use of other drugs was substantially reduced. At entry to the trial, the average daily consumption of emollients was 60g/day; this fell to 15g/day by 12 months. Similarly, oral antihistamines were used by 17 children at the start but only three — and then irregularly — by the end. Topical steroid use was low throughout.

In addition, 15 children also had asthma, but the herbs had no overall effect on their symptoms. Adverse effects were confined to a mild laxative effect initially in about a third of children.

Only two children developed asymptomatic abnormalities of liver function tests after six months which resolved when treatment was stopped; their eczema was clear at the time. There was no evidence of immunosuppression.

The study shows that Chinese herbs do provide an effective treatment for refractory eczema, but concerns linger over toxicity. This is partly due to lack of evidence — longer use is needed, especially in children — but also because its value compared with established treatments is unclear. Conventional medicine may in fact be more toxic but its risks are known. *British Journal of Dermatology* **1994**;130:488-93

Closer look at the demographics of cocaine

Cocaine used to be an expensive drug, but its falling cost, and the emergence of the new form, crack, have produced new users and generated considerable publicity.

A recent survey of 150 regular cocaine users in London provides some valuable information which contradicts the popular myths surrounding this drug.

Users were contacted by interviewers who they knew and who were not threatening to them. The interviews were conducted in settings other than treatment clinics. The average age of this group of users was 27 and 43 per cent were employed.

On average, they had been using cocaine for nearly seven years. Most were taking cocaine about five times a day on 3-4 days a week, at an average daily dose of 1.2g. Three-quarters had never received any kind of treatment for problems related to drug abuse; of the remainder, two-thirds had undergone treatment for problems related to heroin and one-third for cocaine-related problems.

Cocaine was taken by all routes: intranasally by 32 per cent; smoking (crack) by 40 per cent; and injection by 24 per cent. Injectors were older and tended to have used cocaine for longer; they were more likely to be white males; and less likely to have a job than other users.

Intranasal users were most likely to be employed; and crack users were more often Afro-Caribbean. Most users had started by snorting cocaine, though more recent users tended to have used crack from the start. At this time, most were already using other drugs.

Cocaine is said to be highly addictive, but the survey suggests this is not universally so. Dependency was evaluated using a scoring system based on asking users whether they felt out of control; if they worried about missing a dose; and difficulty in stopping if they wanted to.

Two-thirds of the group — especially intranasal users — scored low, indicating little dependence. But injectors scored highest and the association between route of administration and dependency held true even allowing for dose, frequency and duration of use. This group was also most likely to have received help for other drug-related problems.

This survey gives the lie to fears that smoking cocaine is instantly compelling and addictive — only injection seems to induce a high level of dependency and this might be a characteristic of the people affected. Overall, the characteristics of this group differ substantially from those identified in heroin users and from the popular image of drug users: there were proportionately more women; more Afro-Caribbeans among non-injectors; and more in employment. *British Journal of Psychiatry* **1994**;164:660-4

Supervision in tuberculosis resistance

Tuberculosis is returning as a significant public health problem, and resistance to standard chemotherapy regimes among *Mycobacterium tuberculosis* is increasing.

One explanation for this trend has been revealed by work from Texas. There, people referred to the health department were traditionally given the standard regime of isoniazid, rifampicin and pyrazinamide or ethambutol; the sensitivity of the pathogen was determined and treatment adjusted accordingly.

In 1986, things changed. Suspecting that many people were not taking their medication, the department began to supervise the administration of all drugs — to the point where they were watching while the tablets were swallowed.

Officials were prepared to do this at the workplace, at home, or at a clinic. After six months they achieved a 90.5 per cent surveillance rate and the remaining patients underwent random urine screening for isoniazid to check their adherence to treatment.

The health department then compared mycobacterial rates of resistance during supervised and earlier, unsupervised, treatment.

During the 12-year study period, there were 988 cases of TB. With unsupervised treatment between 1980 and 1986, the rate of primary resistance (resistance found before treatment started) was 13 per cent; with supervision, the rate fell to 6.7 per cent, suggesting reduced transmission of resistant strains. The rate of resistance acquired during treatment declined from 10.3 per cent to 1.4 per cent — in fact, no patient who was directly observed from the start to the finish of treatment acquired resistance.

The relapse rate was 20.9 per cent before supervision and 5.5 per cent afterwards, and multi-drug resistant relapse occurred in 6.1 per cent and 0.9 per cent respectively.

In the United States, TB is more common among the homeless, drug users and alcoholics. It is not surprising that compliance is sometimes poor, but seldom has such a clear link between suboptimal treatment and microbial resistance been demonstrated. *New England Journal of Medicine* **1994**;330:1179-84

Research Digest is a regular series written by drug information specialist Steve Chaplin MRPharmS, looking at the current developments in medicine

ADVERTISEMENT FEATURE

Acute constipation

An educational supplement for pharmacists and counter assistants to be used as a guide in constipation management from

RECKITT & COLMAN PRODUCTS

With over 50 years experience, Reckitt & Colman have unrivalled expertise in the OTC arena, with household names such as Lemsip, Gaviscon, Fybogel and Senokot.

Anyone who has been in the business this long obviously knows a thing or two about the various treatment areas and, in this case, about constipation.

At this time of year, with people going on holiday and changing their routines, you will probably notice an increase in customer queries about short term constipation.

Because of this increase, Reckitt & Colman would like to share some of their expertise in this area with you, and hope that this constipation supplement will help you answer your customers' questions and guide you about what you should be asking them.

What are the symptoms?

There are several symptoms that your customers may present when asking advice, these include:

- Reduced frequency of bowel habits
- Discomfort and/or pain
- Bloating
- Flatulence
- Haemorrhoids (piles)
- Bleeding
- Headaches and tiredness
- Confusion in the elderly

What causes constipation?

The most common cause of constipation in developed countries is insufficient fibre in the diet. Other contributing factors include:

- Change in routine or lifestyle
- Taking prescription medicines (constipation is a side effect of some medicines)
- Regularly ignoring the urge to go to the toilet
- Stress or any emotional upsets
- Lack of fluids (they may have recently suffered from diarrhoea)
- Irritable bowel syndrome

What questions to ask?

Before recommending treatment, ask a few questions:

- Has constipation lasted more than three or four days?
- Do you normally suffer from constipation?
- Have you recently started on a course of medication?
- Are your eating and exercise habits the same as always?
- Have you suffered a previous episode within the past month?

- Have you suffered from any acute or persistent abdominal pain?

If the answer is yes to any of these questions, there may be an underlying cause to their constipation and they should be advised to see their GP.

If the customer answers no, they are probably suffering from acute constipation, so you should consider recommending a stimulant laxative, eg. Senokot because it will provide the fastest relief.

Acute constipation

Acute constipation is a term used for people who suffer from short term constipation. A stimulant laxative will provide fast relief for this condition, but it's important to know that stimulant laxatives are not all the same. Constipation is colon specific, but many laxatives are not:

- Phenolphthalein and bisacodyl can cause unnecessary stimulation in the small intestine.
- "Phenolphthalein should be avoided as it may cause rashes. Its laxative effects may continue for several days because of enterohepatic recycling; alkaline urine may be coloured pink" (BNF No.25 1993).
- Lubricants eg Liquid Paraffin, can, with long term use, interfere with the absorption of vitamins. They can also be unpleasant due to anal seepage and irritation.

  For these reasons it's usually better to recommend a stimulant laxative which contains natural ingredients eg. senna which has a gentle action.

  Senokot, like constipation, is colon specific:
- Senokot is a natural stimulant laxative, containing standardised senna, which acts only where the problem is - in the colon.
- Because Senokot acts only in the colon it avoids most of the problems associated with other stimulant laxatives.

The Benefits of Senokot v Chemical Laxatives

Senokot	Chemical Laxatives
Colon specific	Systemic action
One-off action	Recycling effect
Gentle stimulant (possible temporary mild griping during adjustment and dosage)	Griping pains
Side effects mild and transient	Potential absorption problems with long-term use → possible vitamin deficiency
	Urine can turn pink

Laxative Market

Value of OTC laxative market is approximately £26 million

Stimulant sector (£) approximately 70% of OTC market

Senna products (£) approximately 35% of stimulant sector

Senokot (£) approximately 25% of stimulant sector

Senna:

Botanical name: Cassia actulifolia

Other names: Alexandrian senna, Khartoum senna

Family: Leguminosae Caesalpimeaceae

Description: A shrub two to four feet high with pennate leaves and yellow flowers producing brown pods about two inches long.

Origins and distribution: Indigenous to tropical Africa and cultivated in the upper Nile territories. The use of senna is believed to date back to early Egyptian times and reports of its mild, effective action in constipation were documented in the 8th century BC.

Senokot

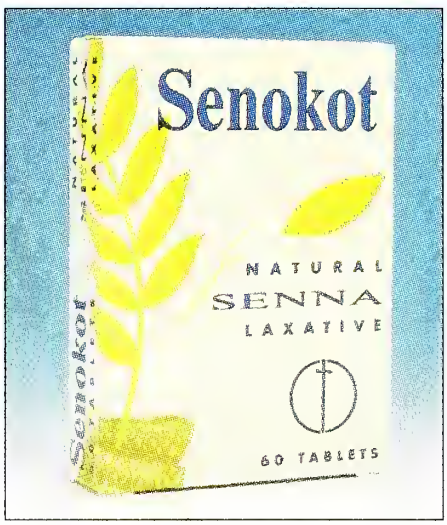
Active ingredients: Senokot contains the active ingredient standardised senna (derived from the pods of the Alexandrian senna plant). To ensure a consistent action from a naturally occurring product, each Senokot tablet and 5ml spoonful of syrup is produced to contain standardised senna equivalent to 7.5mg total sennosides. Each 5ml spoonful of chocolate granules contains standardised senna equivalent to 15mg total of sennosides.

Indications: Relief of occasional or non persistent constipation.

Contra-indications: In common with other laxatives, Senokot should not be given when undiagnosed acute or persistent abdominal pain is present.

Mode of action: The active components of standardised senna used in Senokot are glycosides known as sennosides (the inactive glycosides on mild hydrolysis yield sennosides A and B). Once in the colon, the sennosides are hydrolysed by bacteria and become active. Overall, Senokot speeds the passage of material through the colon. A stool with a higher water content is produced due to a combined effect of reduced fluid absorption and increased secretion. The resulting stool has increased bulk and softness and is more easily passed.

Senokot
↓
Inactive sennosides (as glycosides)
↓
Bacterial hydrolysis in the colon
↓
Active sennosides



Dosage and administration: Adults and children over 12 years - two tablets in 24 hours, or 2x5ml spoonfuls of syrup, or a level 5ml spoonful of granules taken at night. Children of 6 to 12 years - one tablet in 24 hours or 1 x 5ml spoonful of syrup or 1/2 5ml spoonful of granules taken in the morning. Children under 6 years - consult doctor.

Cost: Senokot: £1.18 for 20 tablets; £2.86 for 60 tablets; and £3.49 for 100 tablets. Senokot Syrup: £2.34 for 100ml. Senokot Granules: £3.35 for 100g.

A typical case of acute constipation

Dr Andrew Llewellyn from Lyme Regis, Dorset

I noticed in the waiting room that my next patient was a young woman in her mid-twenties who rarely came to see me. I knew her family well and knew that she was a secretary to a local solicitor. She looked awkward and uncomfortable. She was normally a girl who would wear very fashionable clothes and I noticed how she was wearing rather loose, unflattering and unfashionable clothing. I invited her into my consultation room and asked in what way I could possibly help her.

Initially she was clearly embarrassed. Until four weeks ago she had always been regular; after breakfast she would go to the toilet. Her motions had never been hard and had always been well formed. She had never noticed any bleeding and never had pain. That was all four weeks ago and now things were very different. She never had the urge to go. She had sat on the toilet for ages, straining and with increasing difficulty been able to pass 'rabbit pellets' with increasing pain. For several days at a time she had been unable to go at all. She had altered her diet to include a couple of Weetabix and thick wholemeal bread at breakfast and even eaten more fruit for lunch and dinner. All to no avail.

Today in desperation she had strained so hard that she had passed one pellet and noticed some blood. She was terrified and extremely worried. A simple but thorough examination revealed constipation. After a full explanation, I advised her to purchase Senokot from her local pharmacy and return to me in ten days time.

Ten days later I saw her in the waiting room in a smart, tight suit looking comfortable and content.

Win £100

If you would like the chance to win £100 in a free prize draw please answer the following questions.

1. By approximate percentage, who are the main purchasers of laxatives at your pharmacy?

Female:
15-20 years: .....%
21-30 years: .....%
31-45 years: .....%
46-55 years: .....%
56 and over: .....%

Male:
15-20 years: .....%
21-30 years: .....%
31-45 years: .....%
46-55 years: .....%
56 and over: .....%

2. What are the three most commonly purchased laxatives?

First most commonly purchased:

Second most commonly purchased:

Third most commonly purchased:

3. Approximately what percentage of purchases are:

Recommended by pharmacists ....%

Recommended by pharmacy assistants .....%

Self-selected .....%

Prescriptions .....%

4. What is the main reason for purchase? (Please tick appropriate answer)

a) acute constipation ❑
b) regular constipation ❑
c) diet supplement ❑
d) don't know ❑
e) other (please state) .....

5. What product characteristics are most important to <u>you</u> when recommending a laxative? (Please put in order of importance, ie 1 = most important)

a) efficacy ❑
b) price ❑
c) "natural" ingredients ❑
d) natural mode of action ❑
e) packaging ❑
f) brand name ❑
g) quick/fast acting ❑

6. What product characteristics do you think are most important to the <u>customer</u> when purchasing a laxative? (Please put in order of importance, ie 1 = most important)

a) efficacy ❑
b) price ❑
c) "natural" ingredients ❑
d) natural mode of action ❑
e) packaging ❑
f) brand name ❑
g) quick/fast acting ❑
h) other (please state).....

.....

7. If the answers to questions 5 and 6 are different, can you explain why this might be?

8. When recommending stimulant laxatives, which would you recommend and why: products containing senna or phenolphthalein?

Reckitt & Colman have produced an informative new patient leaflet, entitled ``Constipation: Your Questions Answered''; to help give practical advice and answer your customers questions on constipation. The leaflet is available <u>free</u> to pharmacists.

If you would like to receive a supply, please tick this box. ❑

(BLOCK CAPITALS PLEASE)
Name:

Address:

Position:

Day time telephone number:

Please send your questionnaire entry to:
Senokot Prize Draw, Freepost (SW5808) London SW7 1YY

The rules: 1) Completed questionnaires become the property of Reckitt & Colman Products Ltd. 2) The prize draw is not open to employees of Reckitt & Colman Products Ltd, Benn Publications Ltd, members of their families or agents. 3) Questionnaires must be received by July 31, 1994. 4) The winner will be the first completed questionnaire drawn on July 31. 5) Reckitt & Colman Products reserve the right to publicise the winner's name and photograph. 6) The judge's decision is final and no correspondence will be entered into. 7) The prize must be accepted as offered. 8) The competition is only open to pharmacists. 9) Only one entry per person is allowed. 10) The winner will be notified by post by August 31, 1994. 11) The name of the winner will be available by post, on request.

Bare-faced beauty

The continuing popularity of the natural look is bad for business — sales of cosmetics are down on last year. In a bid to renew public interest in wearing make-up, manufacturers are luring customers with treatment propositions and innovative formulations, with colour taking second place. Sarah Purcell reports

Despite the optimistic predictions in the beauty business of a "return to colour", in the mainstream cosmetics market this has yet to happen. We may have seen silver eyeshadow and fluorescent lipsticks on the catwalk, but as far as the average British woman is concerned, they'll stay there.

Like it or not, the natural look is here for the foreseeable future. British women like it. To achieve it requires little expense, minimum fuss and limited maintenance. All this goes down well with a nation that feels uncomfortable with glamour and where preening is regarded as frivolous.

The natural look is not popular with cosmetic manufacturers. Sales last year were £486 million (Nielsen, year to December '93), down from £489m in 1992. In volume terms, the decline has been worse, with 161 million units sold last year compared to 173 million in 1992.

Trading up

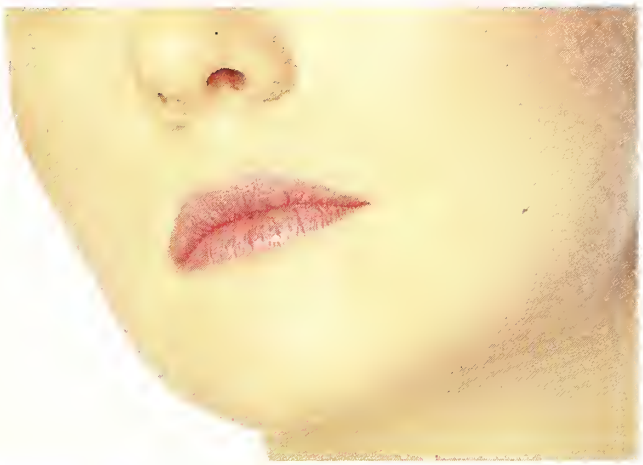
The old adage that consumers trade up in a recession seems to be true of the cosmetics market. Sales of premium end cosmetics are up 4 per cent on last year, taking 24 per cent of the market, the mid-market is static at 42 per cent and budget brands have declined 5 per cent, to 33 per cent (Nielsen).

However, Collection 2000's national account manager, Steve Oates, has a different theory. "The figures may suggest that people are trading up, but I believe this is because they aren't being given a choice." Traditional mass market brands such as Rimmel, he says, are moving more upmarket, so there are few true budget brands left. "I think there is an opportunity for traditional budget brands in the market," says Mr Oates.

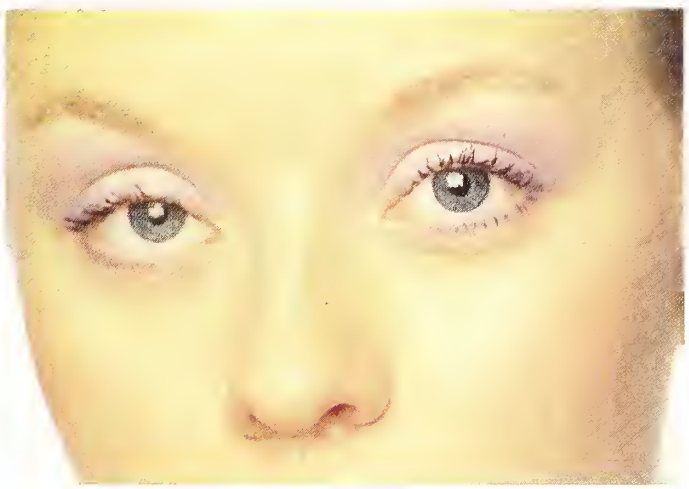
Collection 2000 has increased turnover 68 per cent in the last year and opened 1,000 new outlets. Now a £2.5m brand, their major outlets are independent pharmacies and drugstores.

L'Oreal introduced their Perfection cosmetics range to the UK market this year, putting £8m behind the launch. Marketing manager Geoffroy Roux de Bezieux believes the dip in market performance can be attributed to lack of activity by manufacturers last year, with Yardley being the only brand to make major innovations.

Perfection is positioned as a quality mid-market brand, and L'Oreal aim for a 10 per cent market share in four years from launch. The brand holds a 10 per cent share in France and has been launched across Europe. "We waited until market conditions were right to launch it to the UK," says Mr Roux de Bezieux.



Sales of lipstick are up to £121m



The eye make-up market is in decline — down 7 per cent

Lip service

According to Nielsen, the largest product sector is lipstick, up 1 per cent to £121m. And according to Mintel, sales of lipsticks have grown 24 per cent between 1988 and 1992. Lip pencils have done well, with sales up 16 per cent last year.

Sales of foundation have also been good, with 5 per cent growth last year to £115m, making them the second largest product sector. At L'Oreal, Mr Roux de Bezieux believes the growth of foundations is due to consumers trading up to more expensive products which offer extra skin care benefits.

The eye make-up market is in decline, with sales down 7 per cent. Blusher is also suffering, down 15 per cent last year. Nail polish sales are slowing, too, down 2 per cent to £38m.

The average British woman buys eight cosmetic purchases a year, according to L'Oreal research. Surprisingly, this is more than the average French woman, who buys just five. However, the average price of a cosmetic item in Britain is lower, at £3, compared with £4-6 in France. Some 93 per cent of British women wear cosmetics, compared with 87 per cent in France, 85 per cent in Germany and 86 per cent in Italy. Britons are the heaviest users of face make-up, with 59 per cent of us using it two or three times a week, compared with just 35 per cent of German women. Out of women who wear cosmetics, 82 per cent wear lipstick sometimes, with 63 per cent using it regularly.

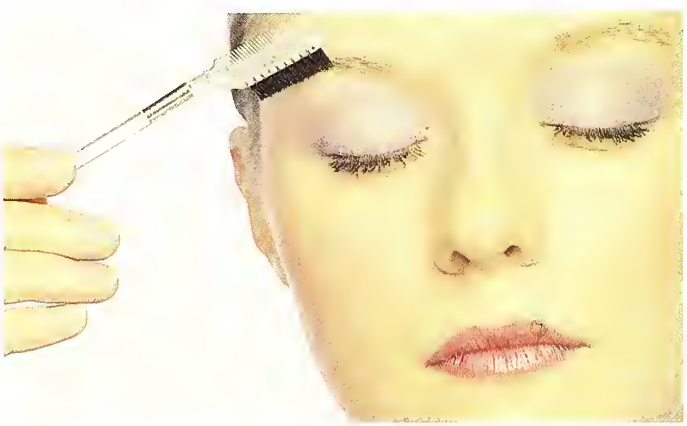
Young appeal

Unsurprisingly, 20-34-year-olds are the greatest users of make-up, according to Mintel. Some 80-90 per cent of 15-44-year-olds use eye make-up, but this drops to 42 per cent of 55-64-year-olds. Face powder, traditionally an older product, is finding favour among younger women. Nail varnish is most popular among 15-24-year-olds and 35-54-year-olds — "perhaps the family-forming and child-rearing stage in between does not allow time for nail painting", suggest Mintel in their Colour Cosmetics report. With a fast-growing older population, say Mintel, manufacturers will have to focus on older consumers.

Extra benefits

It seems virtually impossible for a cosmetics company to launch a product purely on the basis of colour. Foundations now have to firm and care for the skin; eye shadows have to be crease-resistant and soft; lipsticks have to condition and protect lips as well as colour them; powder has to cast a soft focus light on the wearer's face. Mr Roux de Bezieux sees the market continuing in this vein. "Women are looking for care as well as colour in their cosmetics. We've put liposomes in our

Continued on p1056



Eighty to ninety per cent of 15-44-year-olds use eye make-up

Continued from p1055

foundations, proteins in our mascaras and vitamins in lipsticks and eyeshadows," he says. "The move in the cosmetics market to extra benefits can be compared to the skin care market ten years ago, when products were very basic, especially in the mass market. Plenitude helped revolutionise that and now we're doing the same with Perfection."

Yardley endorse the trend to treatment benefits in cosmetics, putting camellia oil in all their products. The line dividing skin care products from cosmetics has become blurred, they believe, with more consumers trading up to treatment foundations, for example.

Mr Oates at Collection 2000 is unconvinced that extra benefits sell cosmetics. "At the premium end of the market, I think people are looking for the extras, but at the budget end, where consumers tend to be younger, their main interest is in the colour. Young consumers don't understand all the technical terms. I think perhaps it's a good excuse for suppliers to put their prices up by saying they're offering added benefits." However, he admits that the trend is here to stay — "the industry is now on an irreversible course."

Boots still claim the largest share of cosmetic sales, with a 36.4 per cent market share, although this is down 1 per cent on last year (Nielsen). Department stores are in second place with 17.6 per cent, down 2 per cent on last year. Pharmacies have 11.6 per cent of the market, down 2 per cent on last year. Grocers and drugstores are growing fast, up 18 per cent and 12 per cent respectively, with shares of 4 per cent and 4.6 per cent.

At Collection 2000, Mr Oates thinks pharmacies should be stocking more budget brands, as many are tying up too much money in stock. "You only have to look at the success that grocers are having with own-label budget brands to see that people are being more careful with their money."

Although grocers may be selling more cosmetics, their market share is still only 4 per cent. At L'Oreal Mr Roux de Bezieux thinks this is good news for independents. "In terms of competition from grocers, cosmetics is much less of a threat to independents than other toiletry areas like skin care and shampoos. They have the advantage of offering personal service."

Top 10 cosmetic brands

1. Avon
2. Boots No7
3. Rimmel
4. Max Factor
5. Estée Lauder
6. Clinique
7. Body Shop
8. Lancôme
9. Elizabeth Arden
10. Boots 17

(Nielsen, sterling sales 1993)

Summer scorchers

The launch of L'Oreal's **Perfection** is this year's biggest cosmetics' news. Aimed at the 25-plus age group, it is positioned as quality mid-market.

There are two foundations: Lightnesse, containing liposomes for sheer, luminous coverage; and Hydra Perfect, containing vitamin E for matte coverage. There are Satin Powder, a smooth light-diffusing formulation, and Nuance Blush, a powder format with moisturising ingredients.

For eyes, there are L'Artiste powder duos with softening and protecting ingredients; Perfect Eye Contour pencil; Superliner felt tip liner with provitamin B5. There are two mascaras: Ultra-Length and Voluminous mascara.

L'Oreal's Perfection range combines colour with care

For lips, there are Rouge Sublime lipstick with vitamin E and UV filters in 22 shades and Perfect Lip Contour lip liner. For nails, there is Laquissme nail polish in 18 colours.

L'Oreal are backing Perfection with an £8 million package this year, including a £3.5m television campaign featuring their "face" actress Andie McDowell.

Further support includes pharmacy training and in-store make-overs, trial sizes and sample sachets. A merchandising unit is free with the minimum order.

Rimmel have added Natural Sun Tint (£2.49), a moisturising cream-gel; Natural Bronze Glow loose powder (£4.99); and pressed powder (£3.99).

Also new is Cream to Powder Shadow for eyes (£3.45). It contains panthenol and provitamin B5 and comes in four neutral shades. Cream to Powder Pencil (£2.95) combines an eyeliner pencil with a smudger. Rimmel are offering a free personal organiser to customers spending over £8.

Sheer Brilliance cheek and eye colour (£2.59) is an ultra-fine powder containing sunscreens and vitamin E. Lash Active mascara (£2.20) is a fibre-free formulation containing silk powder and marine extracts.

Rimmel have continued the trend for lipsticks with added water with their Aqua Silk lipstick (£3.75) in ten shades.

Sensiq have added Summer bronzing products, including Natural Bronze Tint (£2.25) and Powder Spheres (£6.99). Powder Silk Shadow (£3.45) is a liquid to powder formulation with a hint of pearl. It comes in two shades. UV Lip Defence (£4.75) has an SPF15, vitamin E and provitamin B5.

Max Factor have reformulated their best-selling 2000 Calorie mascara. It now contains panthenol to condition lashes and micromilled pigments to deliver more intense colour. The brand now has a skin care line designed to complement the cosmetics. It will be supported by television and Press advertising.

Also new is Charade, a pressed powder for women who don't wear foundation. Giving medium coverage, it will hide blemishes while still feeling light and looking natural.

Moisture Rich See Through lipsticks (£3.49) give a soft, glossy finish to lips. Available in four shades, they match the four new colours of Diamon Hard See Through nail enamel.

New to the **Cover Girl** range is Clean fragrance-free foundation. Designed for normal and combination skins, it has a water-based formulation.

Guerlain put the emphasis on eyes with two new mascaras. Super-Cils Beauty Treatment mascara (£13.95) claims to prevent lashes drying out while colouring them. Super-Cils Waterproof mascara (£13.95) has thickening and water-resistant properties. To make sure it comes off, Guerlain have added a waterproof eye make-up remover (£13.50).

The quest for the perfect mascara continues and **Cover Girl** have added Remarkable Mascara (£3.40). It is waterproof but removeable with ordinary cleanser. For the launch period, trial sizes are available (£1.79).

The Continuous Colour lipstick range has been extended to include 32 new shades.

Cutex continues its expansion from a nail products range to a full cosmetics collection. Perfect Finish is the new face make-up line, comprising Natural Finish semi-matte foundation (£4.49), Natural Finish pressed powder (£4.49) and loose powder. Natural Finish powder blush (£3.79) comes in five soft shades and a cover stick (£2.99) comes in two shades. Also new is Perfect Control Lip Liner (£2.65), a self-sharpening pencil in four shades.

New for Summer is a range of sun protection cosmetics. These include UV Colour Performance Natural Moisturising Sun Tint (£3.99) with an SPF10 and vitamin E. It comes in three shades. Natural Bronzing Powder (£4.49) protects skin while giving it a warm glow. It comes in two shades. Lip UV SPF10 (£2.99) is a sheer lipstick which comes in two shades. Aqua Moist lip care (£3.45) has an SPF15 in a water in oil formulation. It comes in one sheer shade.

Elegant Touch have introduced the Nail Workout Kit (£4.95). It comprises crystal file, hoof stick and quick shine buffer.

The company is expanding its Stickers stick-on nails range to include a size for smaller hands and two new pink colours.

Forsythe have added Quick Shot Nail Dry (£4.60), a finishing spray to speed up the drying time of nail polish. To keep lipstick in place for longer, the company has added Staying Power (£4.50), a fixative in a lipstick format.

Another new high-speed nail polisher drier is Zoom Ultra from **Supernail**, retailing at £5.95.

Leichner have produced two new display units for smaller outlets. There is a counter unit designed to take a selection of all products in the range depending on the retailer's preference. The second unit is a floorstanding display which comes fully stocked.

New to the **Almay** range is Colour Protective lipstick (£4.95).

Yardley cosmetics received an image overhaul last year

Collection 2000 is a true budget choice for the consumer

Continued on p1058

Aspirin forges new advances in clinical medicine

"I would be comfortable with GPs giving low-dose aspirin at 12 weeks to women who they think are at risk of early onset pre-eclampsia".

de Swiet M, Monitor Weekly 16 March 1994:8.

The benefits of aspirin have long been recognised, with earliest reports that Hippocrates used a brew of willow leaves (containing salicin – a precursor of acetyl salicylic acid) as a pain killer around the 4th century BC. Today, aspirin is still being recommended for its powerful analgesic, anti-pyretic and anti-inflammatory effect. But as we're discovering, aspirin's versatility extends much further, with many new, potentially life-saving, clinical applications emerging every day.

Researchers now know that aspirin works by inhibiting the synthesis of prostaglandins, chemical mediators which are responsible for a diverse spectrum of physiological responses. Prostaglandins, for example, are responsible for 'the inflammatory response' – the characteristic pain, swelling, redness and heat that accompany tissue damage. They also cause blood to clot by encouraging platelet aggregation.

Aspirin's anti-platelet effect

Most recently, researchers have been focusing their attention on the vascular and other implications of aspirin's anti-platelet effect. There is little doubt that low dose aspirin, taken prophylactically, can prevent thrombosis, and reduce the risk of heart attack and stroke[1]. Aspirin is now being investigated for its potential use in other clinical areas thought to be linked to the prostaglandin pathway.

New uses for aspirin*

Pregnancy-induced hypertension
Foetal growth retardation
Dementia
Alzheimer's Disease
Colon cancer
Pregnancy pre-eclampsia
Diabetic retinopathy, nephropathy, neuropathy
Pulmonary embolism

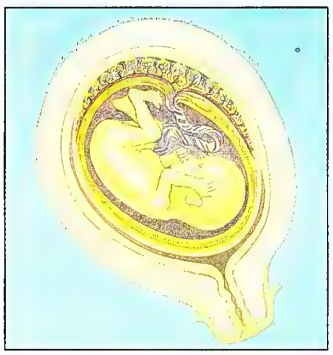
* Currently being researched

Aspirin's role in pregnancy

Two of the leading causes of death *in utero* are foetal growth retardation and a condition called pregnancy toxaemia, which affects the mother by causing dangerously high blood pressure and kidney damage. The two are thought to be linked, and both have their origins in the 'spiral' arteries of the placenta.

A certain amount of thrombosis is normal in these vessels, but when the degree is unusually high, blood flow to the foetus can be almost completely blocked, resulting in foetal growth retardation, or toxaemia.

The Lancet recently published the results of a major placebo-controlled trial of low-dose aspirin in 9,364 at-risk pregnant women[2]. Aspirin was found to



13 week old foetus, showing the 'spiral' arteries of the placenta

reduce significantly the likelihood of preterm delivery, with progressively greater reductions in proteinuric pre-eclampsia the more preterm the delivery. The average weight of all babies born to women allocated aspirin was significantly greater than that in the placebo group. The trial also found that aspirin may prevent early-onset pre-eclampsia in women especially at risk, particularly if it is started before 16 weeks' gestation.

Aspirin in bowel cancer

Increasing evidence suggests that high levels of prostaglandins in the bowel cause colon cancer. Aspirin's inhibitory effect along the prostaglandin pathway has raised speculation that it helps prevent some cases of colon cancer. It is also postulated that aspirin acts as a "free radical scavenger", effectively mopping up these potentially destructive biological particles. More research is under way – hopefully aspirin will offer some new treatment options for this potentially fatal condition.

Aspirin in dementia

About 25% of people over the age of 70 have some degree of "multi-infarct dementia", in which tiny vessels of the brain are blocked by clumps of aggregated platelets. Aspirin has been shown to improve the condition of sufferers[3]. These encouraging results have led to the implementation of larger studies, which are currently in progress.

There is also the suggestion that the tragic Alzheimer's Disease is a progressive inflammatory process, and that sufferers may benefit from non-steroidal anti-inflammatory drugs like aspirin. It is too early yet to make recommendations, but first results suggest that aspirin may offer some real hope.

The future for aspirin

Aspirin's potential for prevention and treatment of some of the world's most

distressing and refractory conditions is becoming increasingly clear. Ironically, one of the oldest drugs known to man is now providing new solutions to today's medical problems. As the list of potential benefits of aspirin continues to grow, it is anticipated that even more people will be helped by this versatile, cost-effective and remarkable remedy in the years to come.

References: 1. BMJ 1994; 308: 81-106. 2. Lancet 1994; 343: 619-29. 3. J Am Geriatr Soc 1989; 37(6): 549-55.

THE EUROPEAN ASPIRIN FOUNDATION: IMPROVING ASPIRIN AWARENESS

The European Aspirin Foundation aims to increase the knowledge and understanding of aspirin, probably the world's oldest and most widely used medicine.

By stimulating the distribution and exchange of information and discussion on all aspects of aspirin, including current research and old and new therapeutic uses for it, the European Aspirin Foundation helps to co-ordinate current world-wide awareness and increasing medical research interest in this vitally important medicine.

Aspirin is a versatile and trusted home remedy with a long history, that also promises important new applications in medicine.

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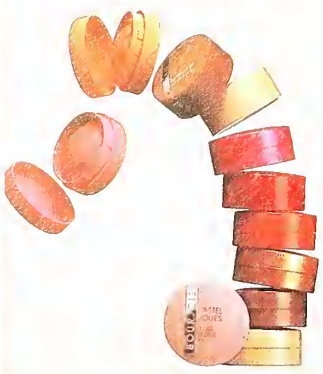


Bourjois are celebrating 10 years of accessible French style in the UK market place

Continued from p1056

Available in 20 shades.

Outdoor Girl Sheer Colour lipsticks and nail polishes have been reduced in price to £0.99 from the end of June for eight weeks.

Nina Ricci have extended their cosmetics range for Summer with the addition of Voile d'Or dusting powder (£21.75). In keeping with the trend for shimmering eyeshadows, Les Yeux de Nina (£21) are three eyeshadow duos of frosted eyeshadow and contrasting powder eyeliner. For lips there is Le Rouge Ricci (£11.50), a range of five matte shades.

For a natural matte finish there is new Matte Control Make-Up (£18), a waterproof formulation ideal for Summer use.

Bourjois have noted the trend to sheer, glossy colour and have added Les Transparents Lumiere for lips and nails. For lips, there is tinted lip gloss with SPF8 in Transparent Fuchsia or Transparent Ambre. Matching glossy nail polish is available.

As a special offer for Summer, running from August 17-October 11, Bourjois are offering £0.75 off the eight top-selling Brillantissimo lipsticks and the top four Shock Resistant nail enamels.

Mavala launched a range of eyeshadow crayons this year, Crayon Lumiere. Colour predictions for Autumn are strong reds and neutrals, and the company will be adding these to its nail polish range.

With smaller outlets in mind, Leichner have produced this counter top display unit

The face that launched a thousand lipsticks

Actress Carey Lowell is the new "face" of Almay

L'Oreal's "face" for Perfection, actress Andie MacDowell, was chosen for her international appeal

Cindy Crawford, Niki Taylor, Andie McDowell, Claudia Schiffer and Helena Bonham-Carter all have one thing in common, apart from being beautiful women — they are the "face" for a cosmetics brand. It seems that no cosmetics range can afford to be without one.

An expensive and risky investment — models and actresses are prone to scandals which can ultimately damage a brand's reputation — the choice of the right "face" is vital to a brand's success.

L'Oreal chose American actress Andie McDowell as their spokesperson for Perfection. Her films include *Green Card* and, most recently, *Four Weddings and a Funeral*.

Marketing manager Geoffroy Roux de Bezieux explains the reasons for their choice: "She epitomises Perfection: aspirational, yet accessible. She's not a typical Hollywood actress, she's a very '90's woman (she has two children and lives in the country), and she's internationally recognised." She was also chosen because her "look" is not associated with any one country. She looks equally at home in advertisements in America, Italy and the UK.

Revlon have recently chosen actress Carey Lowell to represent their Almay brand. Her recent films include *Sleepless in Seattle* and *Club Paradise*. She was selected for her "clean, fresh-faced beauty, intelligence and self-confidence", say Revlon.

Also soon to be representing Revlon is actress Melanie Griffith, of *Working Girl* fame, promoting a new range of cosmetics for the company.

Yardley went for the English Rose type with the choice of Helena Bonham-Carter. They rejected supermodels because research showed them to be too inaccessible to the public.

With the number of people in their 50s set to rise by a third this decade, manufacturers are tuning into the potential of older models to represent their brands. Notable examples include Lauren Hutton for Revlon Results, Isabella Rossellini for Lancome, Catherine Deneuve for Yves Saint Laurent and Paloma Picasso. With more women keen to preserve their looks and prepared to spend more on their appearance, cosmetic companies can't afford to ignore such a lucrative sector.

Yardley chose the romantic looks of Helena Bonham-Carter to represent their brand

Put back the sparkle

The days of matte finish and neutral shades are numbered, if the Spring/Summer catwalk shows are anything to go by. With the most exciting make-up looks seen for years, the highlights included dewy, natural-looking complexions, the return of kohl, silver and blue eyeshadow, glossy lips and pink lipstick.

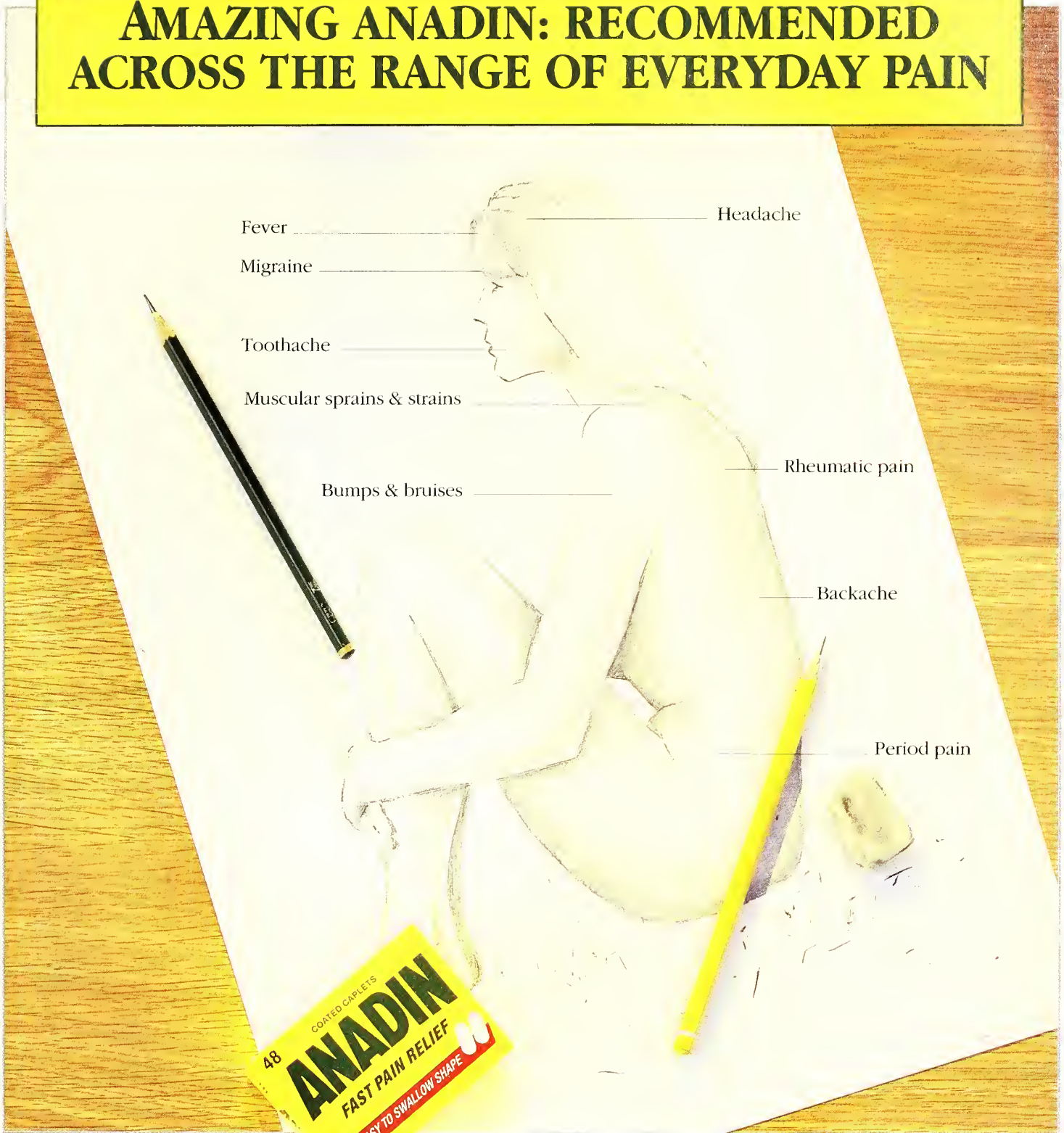
Among the more bizarre looks, strictly for catwalk queens, were yellow and red eyeshadow for the "junkie" look, painted designs on faces and ghostly white complexions with fluorescent lips.

The most wearable look was seen on the Calvin Klein models. The face is given a dewy finish with just moisturiser or sheer foundation, cheeks are coloured with a touch of rose blusher on the apples only. Eyes are rimmed with kohl and highlighted with a touch of frosted shadow — no mascara. Lips are coloured with pencil and finished with lip balm or gloss for a natural sheen.

For eyes the hottest shade to be seen this Summer is silver, but to give it a '90's feel takes clever application. Sheer powders are best to give a subtle shimmer. For just a hint of silver, apply to the inner corners of the eyes only.

The other major colour story this Summer is pink — for eyes, lips and cheeks. It's a colour that anyone can wear, as long as the shade of pink is matched to your skin tone. Pale, ice pinks look best on fair complexions, while olive and darker skin tones can take deeper and warmer shades of pink.

AMAZING ANADIN: RECOMMENDED ACROSS THE RANGE OF EVERYDAY PAIN



When you need to recommend for headache and other everyday pains, think of **Anadin**, the UK's leading aspirin brand.

The analgesic, antipyretic and anti-inflammatory actions of **Anadin** give fast and effective relief to indications as diverse as toothache, period pain, sprains and muscular strains.

Shaped and coated for easier swallowing, **Anadin** offers all your customers tried and trusted pain relief.

So whenever a customer asks for advice on pain, with or without inflammation, consider recommending the relief of **Anadin**.

TRIED AND TRUSTED

ANADIN*

THE UK'S Nº1 BRAND OF ASPIRIN

ANALGESIC ANTIPYRETIC & ANTI-INFLAMMATORY

Product Information. Active Ingredients: Aspirin Ph Eur 325mg/caplet, Caffeine Ph Eur 15mg/caplet. Indications: Symptomatic relief of sprains, strains, rheumatic pains, sciatica, lumbago, fibrositis, muscular aches and pains, joint swelling and stiffness. Relief of headache, migraine, neuralgia, toothache, sore throat, period pains and aches and pains. Contraindications: Peptic ulceration, haemophilia, concurrent anti-coagulant therapy, aspirin hypersensitivity. Dosage Instructions: Adults and the elderly: One to two caplets every four hours to a maximum of twelve caplets in any 24 hours. Children under 12 years: Not to be given unless instructed by a physician. Retail Prices: 16s £0.38, 8s £0.69, 12s £0.94, 24s £1.59, 48s £2.99, 96s £5.19. Product Licence Number: 0165/0060. Legal Category: GSL (packs up to 25 caplets), P (packs over 25 caplets). Product Licence Holder: Whitehall Laboratories, Huntercombe Lane South, Taplow, Maidenhead, Berkshire, SL6 0PH. Date Of Preparation: 22 February 1994. *Trademark.

Colour counsel

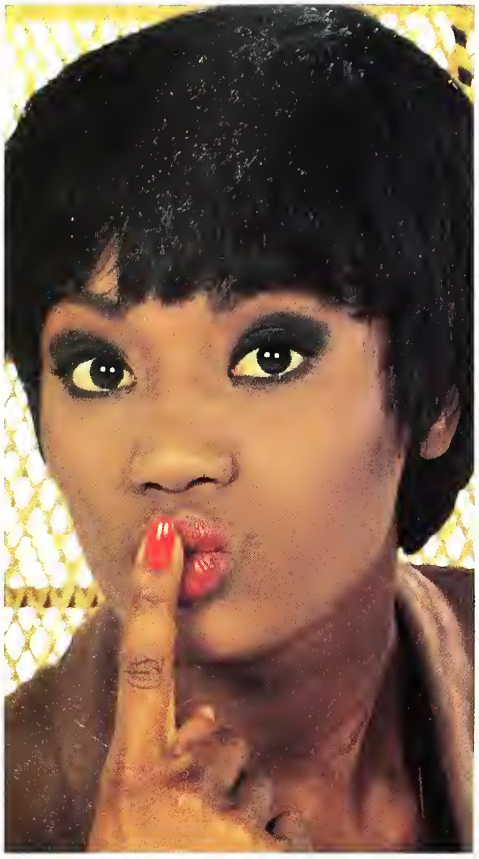
Black women spend about five times as much as their Caucasian counterparts on hair and make-up products, and the UK market is the biggest in Europe at £20 million.

Although, with careful choice of colours, eyeshadows, mascara, lipsticks and blushers from mainstream ranges can be worn by black women, foundation and powders need to be formulated differently.

Foundations for Caucasian skins contain titanium dioxide, which can make black skin look ashen and dull. Black skins have a higher oil content, so oil-free formulations are much more suitable.

Sleek Cosmetics is the leading budget brand for black women in the UK, and sells mainly through specialist shops and pharmacies. New products to look out for soon include cream foundations, concealers and translucent powder, plus more lipsticks and nail polishes. Proprietor Dennis Tharrett says the company plans to introduce an upmarket sub-brand later this year.

The Spring/Summer look from Naomi Simms is called French Kiss. Cheeks are coloured in Enhancer blushers in LA Nude or Aztec Treasure, eyes are shaded with eyeshadow in Citrus Grove, while lips are treated to a French Kiss orange/red lipstick.



Testing times

Disillusioned by false "cruelty free" claims for cosmetic products, three environmentally-concerned companies have joined together to form a coalition to draw the public's attention to misleading claims, and ultimately put an end to testing for cosmetic purposes.

Montagne Jeunesse, Beauty Without Cruelty and Pure Plant have formed the Cosmetics Industry Coalition for Animal Welfare. The main thrust of their campaign will be directed at those manufacturers who claim their products are not tested on animals, yet use animal tested ingredients or ingredients tested more than five years ago.

If a company has a five-year rolling policy, it means that they won't use new ingredients, which will have been animal tested, until they are five years old. What the Coalition aims to do is to persuade these companies to adopt a fixed cut-off date, whereby no new ingredients after an agreed date will be used. The preferred date is 1976, because all new ingredients developed since then have to be tested on animals by law. But to encourage more companies to join, the Coalition will take dates up to 1986.

Benefits of joining include exchange of ingredient data, joint promotional projects and use of the Coalition logo on products.

Although the number of animals used for testing cosmetic products has dropped to just over 2,000 per year (1992), down 30 per cent compared with the previous year, the number of tests carried out for "other" purposes (ie unspecified) has risen by 38 per cent. Members of the Coalition believe that some of the animals tested in the "other" category will be for substances marketed to the cosmetic industry. Many cosmetic ingredients are used first in other industries, such as food, pharmaceutical and household products. So, technically, the ingredients have not been tested for cosmetic purposes. And of course many tests are carried out in other countries, so are not listed in the figures.

Ask the expert

The advantage of shopping for cosmetics in a pharmacy should be the personal service and advice that is offered. But how many pharmacies have staff who are clued up on the questions customers are likely to ask? We put some common queries to make-up artist Juliette Harris. Her answers make interesting reading ...

Q. How can I find the perfect foundation to match my skin tone and type? Which is the best place to test? Should I go for cream, liquid, cream and powder or the new light-reflective foundations?
A. This really does depend on your skin type, colouring, age and the type of look/finish you want to achieve. The general rules are as follows:
- Oily skin — matte finish liquid foundations (which contain more oil-absorbing properties), or the combined cream and powder foundations (whereby the powder content absorbs excess oil).
- Dry skin — richer, creamier foundations which contain moisturising properties are best to prevent a taut, dry feeling. The new light-reflective foundations are also very beneficial to dry skins as they have a dewy, shiny finish, and light-reflecting particles detract from any fine lines caused by dryness. Max Factor Colour and Light is a good light-reflective foundation.
- Combination skin — many people with combination skin find it beneficial to use two types of foundation, following the same guidelines as above.
- Mature skin — as skin matures, the sebaceous glands become less active and therefore the skin tends to become drier, which leads to more lines and wrinkles appearing. Therefore the guidelines for dry skin should be followed, and powder should be avoided as this accentuates lines and wrinkles.

The only place to test for the right colour foundation with total confidence is to apply it to the face itself. When shopping for a new foundation don't be tempted to try on the inside of the wrist and hope for the best, go out armed with a clean face and a supply of tissues/cleansers to ensure you make the right choice.

Q. I'm going on holiday to Spain this Summer, and I think my usual foundation will be too pale, once I've got a tan. What do you suggest?
A. There are two issues to discuss here: i) in the heat your skin will not need your usual foundation, but something sheerer and lighter, and ii) your skin will tan and therefore a deeper colour will be required. The ideal solution to both of these issues is to use either a tinted moisturiser or a bronzing gel. Your choice may depend on your skin type, because tinted moisturisers contain more moisture, and are better for drier skins, whereas bronzing gels only add sheer colour. Yardley Easy Bronze is a good range. Remember also to wear adequate sun protection when out in the sun.

Q. I have a naturally high colour and have heard about complexion correcting make-up. I bought some and it's a lurid green colour — I've no idea how to apply it properly. Can you help?
A. The trick is in the application of the make-up. Before you apply foundation, apply the green make-up over the areas which are highly coloured. Start with a little (otherwise you will look as if you have been on a ferry in a force ten gale), and gradually build up until you notice the difference once your foundation has been applied. It is in fact an optical illusion, as the green is counteracting the redness. You can also buy green powder to apply over your foundation (good for oily skins), but some people feel that they can hide the redness better by using a slightly heavier covering foundation/concealer.

Q. I've read about the new sheer make-up look for Summer. Can you tell me how to achieve it? Is it just for younger women?
A. The idea of the new sheer foundations is to make skins look fresher and more youthful, therefore it can be worn by all age groups. The sheer, dewy finish is very flattering (although oily skins should keep oily patches under control with powder). L'Oreal Perfection Lightnesse Make-Up is a current favourite of mine. Cream blushers, cream eyeshadows and sheer liptints and glosses for lips are also part of the new sheer look. Because powder blushers and eyeshadows have been used for so long, changing to creams does take some practice to get the right look. Be very sparing at first until the correct look is achieved, otherwise your face could look too shiny and greasy!

Q. Fashion magazines say kohl, sparkly eyeshadow and glossy lips are back in fashion. Can you tell me the best colours to use, so that I don't look like a '70's queen?
A. The key to achieving the new look is to steer away from the bright, garish colours originally used in the '70s, otherwise you will tend to look dated. For eyeshadows try shades of

brown (taupes, golds, bronzes, russets), or muted mauves, which are sheer and shiny in texture, with a slight sparkle. When using kohl, remember that the darker the colour used, the smaller it will make your eyes appear, as it has the effect of closing the eye. Usually only people with large brown eyes can wear black kohl to its best advantage. Try browns, mauves, blues and greys for a more subtle and flattering effect. Many cosmetic companies are producing glossy lip tints in sheer, flattering '90's shades, which are much softer than the harsh red glosses that were so popular in the '70s.

Q. I want to try the new kohl look, but don't know how best to apply it. Will it irritate my contact lenses, and how do I remove it?
A. After following the guidelines as mentioned above, choose a kohl pencil that is soft, and therefore will not drag or scratch when applying to the rim of the eye. When applying kohl, line the lower rim of the eye, then blink so that the colour is distributed to the upper rim, then repeat the process. During the day, be aware of the colour collecting in the inner corners of the eyes. Keep cotton buds handy to remove this. When removing your eye make-up, if any kohl remains after your normal process, dip a cotton bud into your remover, and carefully run it along the eye rim. Immediately follow with a bud dipped in water to remove any residue.

Contact lens wearers should not have any problems wearing kohl, but should ensure that if any irritation occurs, the application of kohl should stop.

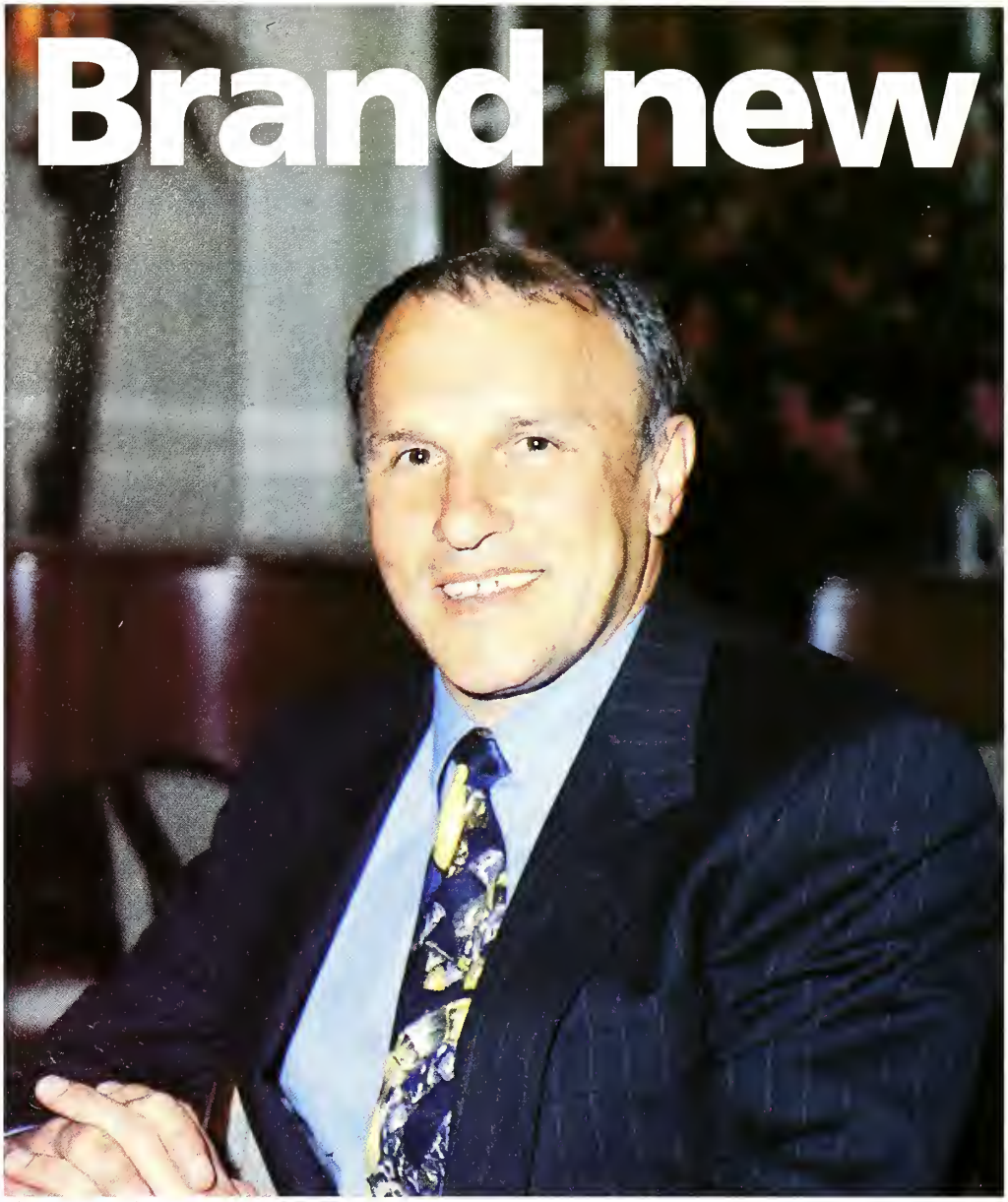
Q. Can you tell me how to apply concealer so that it camouflages my spots, rather than drawing attention to them?
A. The art of covering spots is in the application of concealer. If you wear foundation, it is essential that you apply concealer after foundation to achieve complete coverage. The skin should be moist (not oily!) enough to apply the concealer to. It should be applied either by the finger or a brush (never from the tube/stick in order to prevent the spread of infection). Then it should be blended by gently dabbing the concealer so that it blends into the skin without losing its ability to hide the spot (usually the heat from the finger is enough to do this). If the cover is not enough at this stage, repeat until the spot is covered. It is essential that the colour of the concealer really matches your skin tone. Another trick is to mix the concealer with a little of your foundation, for a good colour match. Rimmel Hide the Blemish is an excellent concealer, and comes in four shades.

Q. How should I apply blusher so that it looks natural? Which are the best shades to use for olive skin, and are cream blushers better than powder for blending?
A. Today, blusher is used more for adding colour to the face, rather than harsh sculpting, as it was in the '70s. For the most natural look, chose a peachy shade and apply to the apple (fleshy part) of the cheek, and blend out towards the ears using a large brush. Olive skins tend not to suit pink shades, but more the tan, copper, rusty shades. Powder blushers are easier by far to blend than cream, but cream does give a dewy sheer colour, which is very fashionable at the moment. The art is to build up by using a little at a time, and to ensure that the edges are blended, and the colour is not streaky.

Q. My wedding is coming up soon, and I want a lipstick that will last all day. Can you recommend any? Are there any special application tips that will help my lipstick last longer?
A. In order to make your lipstick last all day follow this routine. Use your lip liner all over the lip area as a base (lipliners have a much longer-lasting format), then apply your lipstick with a lipbrush, blot with a tissue, then apply as many coats of lipstick, blotting between coats, until you achieve the desired look/colour. Some long-lasting lipsticks available are Max Factor Lasting Colour Lipstick, and the Colourfast range.

Brand new

Why build a brand name of the pedigree and credibility of ICI Pharmaceuticals, and then discard it like an out-of-date medicine? Mike Gatenby, general manager of its replacement, Zeneca UK, explains his confidence in the future of the ultimate pharmaceutical "switch"



Pharmaceuticals' workaholic Mike Gatenby is putting his energies into the future of Zeneca Pharma UK

Family and fun

Mike Gatenby works a 12-hour day when he hits the office in Wilmslow, Cheshire, after a 35-mile motorway drive from his Bolton home.

Known as a pharmaceuticals' workaholic, he has a similar reputation among colleagues when it comes to football, Bolton Wanderers being the second love of his life.

A family man, his wife and three daughters come at the top of his list of addictions and keep him in check. His eldest daughter is a doctor and married to a doctor; his second is taking up social work having just completed an MA following a first degree in American Studies; and the last of the trio studied history and politics and is now in retail management.

And, should anyone out there wish to bend Mr Gatenby's ear when he's not in the office or at football, they might find him walking in the northern wastes or gardening.

Zeneca UK: from gestation to birth

1992, July Intention to demerge from ICI is announced
1993, January Name is changed to Zeneca
1993, March Shareholders approve demerger
1993, July Demerger takes place
1993, July First half-year results
1994, March First annual results

While other pharmaceutical companies fret about buying in to managed care in the US, or seek to extend the life of their molecules by switching from POM to P, Zeneca UK are blessed with a different challenge. They must get as many company-researched ethical products to market as quickly as possible and to maximum effect. That is ICI's legacy to their new brand, the brand-new Zeneca.

ICI Pharmaceuticals decided to concentrate on self-researched and developed ethical medicines in the 1980s with the divestment of their OTC medicine, animal health and dental businesses. Then, in the 1990s, they decided to further rationalise, with a split into pharmaceuticals, agro-chemicals and specialities — Zeneca — and chemicals — the latter retaining the ICI name.

By concentrating all bio-science work in one company, Zeneca, ICI believed they would be able to deliver more quickly an increased number of innovative products specifically tailored to meet patient/customer needs.

Twelve months on, it is too early to accurately assess the results, but Mike Gatenby, Zeneca UK's general manager, readily admits to a "pipeline of exciting molecules" (see Table 1). He also says that now when he is asked who he works for in the pub, the answer is an unreserved "Zeneca", rather than a reflex "ICI".

Zeneca UK lead in three market sectors — anaesthetics, cardiovascular and oncology. Mike Gatenby says the company aims to stay at number one in all three and to make successful entries into the asthma and antibiotics markets over the next three years. Beyond that the CNS market beckons ...

Managing change

The real achievement at Zeneca in the last 12 months has been the manner in which the staff have dealt with the switch from being a household name and have warmed to the prospect of trading as a dedicated bio-science group with a unique opportunity to build and grow.

The "surprise and trepidation" which the name

switch first aroused has been replaced by a realisation that Zeneca can build on ICI's heritage using the very good corporate pedigree, people and products that were passed on. Mike Gatenby explains that one of ICI Pharmaceuticals' corporate core values, established when he was general manager, was the ability for staff to manage change.

The next challenge is to prepare the company and its customers to cope with the new world of healthcare being imposed by the Government. In particular, the way health commissions, formed from family health services authorities and health authorities, will work in and for the community after 1996.

Zeneca are researching the needs and aspirations of different primary healthcare workers in a mammoth survey designed to enable the company to match its services to that brave new world. Community pharmacists are in the frame, along with hospital pharmacists and GP fundholders.

Comments Mr Gatenby: "Pharmacists are just as important as doctors in the new NHS. Many professional alliances will be forged, but the decision to prescribe a product will no longer be the sole responsibility of physicians. Many other health professionals will be taking part in that process."

Mr Gatenby believes pharmacists in the community could play a similar role to the hospital pharmacist in influencing practice formularies and GP prescribing policy. But he warns that some pharmacists will have to undergo a change in attitude to fully capitalise on the opportunities that will be coming their way.

As for Zeneca, Mr Gatenby foresees new messages carried by a new breed of messenger, though he declines to define the species until the research is complete and the necessary experience is accumulated. But already the medical field force is listing practice and business managers, as well as GPs, and community and hospital pharmacists.

Unlocking doors

One key, if not *the* key, that will unlock many doors for pharmacists, says Mike Gatenby, is continuing education. Zeneca support CE initiatives sponsored by the Guild of Hospital Pharmacists, the United Kingdom Clinical Pharmacy Association and the Centre for Pharmacy Postgraduate Education.

Zeneca are currently piloting a scheme where pharmacists can be supplied with demographic data that should help them to better assess the retail and service requirements of their customers. Pharmacists will be expected to act on the data themselves or to seek help from third parties.

Meantime, Zeneca are aligning themselves to deliver what Mr Gatenby believes will be Government drug requirements to the year 2000 and beyond: "Innovative products that deliver clinical benefits at value-for-money prices."

However, he warns that, in return, the Government must not deliver any more surprises of the limited list and generic substitution type. In that area, the recently established joint pharmaceutical industry/government strategy group is a "great step forward".

But with 30 years of industry experience behind him, Mike Gatenby believes that he and the one-year-old Zeneca are equipped to match any changes in healthcare that may arise. "I have every confidence that we have the right products and the right people to meet future challenges," he says.

Table 1: New Product Pipeline

In total there are 22 compounds in development. Seven are in later stages of development with launch expected during the late 1990s:

***Amphocil**	an anti-fungal for severe systemic/deep fungal infections
Merrem	a broad spectrum antibiotic
Casodex	an anti-androgen for prostate cancer
Accolate	a leukotriene antagonist for asthma
Seroquel	a serotonin antagonist for schizophrenia and other psychiatric disorders
Arimidex	an aromatase inhibitor for breast cancer
Tomudex	a thymidilate synthase inhibitor for certain cancers (including colorectal)

** Launched in the UK in May '94*

Mike Gatenby — career profile

1958 Joins manufacturing chemists in Bolton after leaving local grammar school
1962 Moves to pharmaceutical wholesaler Macarthy, working first in Manchester, then in London as a buyer
1966 Joins MCP as medical representative progressing through area and sales manager's posts
1976 Switches to ICI after launch of Stuart Pharmaceuticals and moves through field force again from rep to area, sales, marketing and then managing director
1989 Appointed general manager of merged Stuart and ICI Pharmaceuticals UK operation
1993 Appointed general manager of demerged Zeneca

Naturally, what's best for baby is best for your business.

Modern mums know that Avent is the best, combining advanced paediatrics with plain common sense, which is why they voted with their purses to make it the fastest growing brand in the UK. Mothers also know that the fully comprehensive range of baby feeding products progresses from newborn to weaning and that independent tests, and the recommendations of health professionals, have proved them best for mother and baby.

Highly visible packaging gives these premium products outstanding shelf appeal, delivering a higher return per foot of shelf. Avent is shaping the future of the mother and baby care market with attractive products that attract profits for you. Naturally.

The Avent Bottle

'Our favourite bottle, this has a wide mouth which made filling easy.'

PARENTS Magazine, Star Buy.

The Avent Breast Pump

'Easy to assemble, lightweight and compact. A good choice for everyday use. Our testers recommended this pump for use even several times a day.'

PARENTS Magazine, Best Buy.

The Avent Steam Steriliser

'Very easy to set up, and to remove the equipment. Very fast, good value.'

PRACTICAL PARENTING Magazine, Star Buy.

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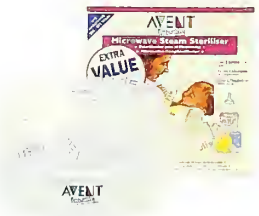

The Avent Microwave Steriliser

'Holds three chubby bottles, takes just ten minutes and is so easy to set up.'

PRACTICAL PARENTING Magazine, Star Buy.

Avent Soothers

'Fastest growing branded soother – now 20% market share.'

FSA Research

Multi-shaped Bottle Warmer

'This could hardly be simpler to use.'

MOTHER

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Businessnews

Steve King, plant director; Dr Graham Parr, director of R&D; Tim Salisbury MP; and Jean-Claude Leroux, president of Whitehall International, at the opening

Whitehall invest £12m in OTC R&D

Whitehall Laboratories have opened a £12 million R&D centre dedicated to OTC products, said to be the first purpose-built new OTC development centre in the UK for 25 years.

Some 30 scientists are employed at the 26,000 sq ft Havant facility, which houses laboratories and pilot manufacturing facilities.

In addition to conventional OTC developments, the company will dedicate resources to herbal products, whose success in Germany Whitehall hope to duplicate overseas.

Whitehall have also invested £8m in a new manufacturing and packaging facility at Havant, which was also opened this week.

Labelling system row settled out of court

The long-standing copyright case between John Richardson Computers and Chemtec Systems has been settled out of court amidst a flurry of activity in the pharmacy labelling sector.

This follows years of disputes between the two parties, an original judgement which landed largely in favour of Chemtec and, finally, an appeal that was cancelled at the 11th hour.

A statement made simultaneously by both parties says: "The dispute ... has been settled to the mutual satisfaction of all parties. There are no outstanding claims against any of the parties arising out of the dispute whether for infringement of copyright or otherwise." The appeal, which was due to be heard on June 20 this year, was then called off.

Both companies are now free to promote and distribute their respective labelling systems as long as the terms of the settlement are not publicised.

Since this statement, both Chemtec and JRC have opened up new chapters in their lives.

JRC have been bought by market researchers Taylor Nelson AGB plc for £1.4 million, their first acquisition in the pharmacy labelling sector.

The JRC name will be kept on and the firm will stay in Preston, but users will benefit from the financial backing of a plc.

The deal covers both JRC's business and assets, and serves to strengthen the plc's healthcare sector, according to Hugh Stammers, the director responsible for healthcare.

He admits that Taylor Nelson used to extract aggregated drug data from labelling systems to sell to third parties, but stopped doing this over five years ago.

This latest acquisition, however, will enable the company to explore this route once more. Rather than JRC's 3,000 or so customers being forced to supply data "a sample of them would be invited" to do so, says Mr Stammers. He could not clarify whether payment would be involved.

John Richardson, chairman and chief executive of JRC, keeps his shares in the existing part of the company which will focus on Positive Solutions and JRCpos, ie all EPoS activities. This remaining part of the company will be renamed in due course. Mr Richardson will also retire from the company.

"Speculation about the sale of JRC was rife," writes Mr Richardson in a letter to *C&D*. "Some involved us being tied to a particular wholesaler, or having to relocate part, or the whole, of JRC ... Other prospective buyers lacked either expertise or funds, which would have meant reducing the workforce or cutting corners."

It is "all change" at Chemtec, too. Mid-August sees the official opening of their new offices in Leyland's renovated police station and magistrates' court — a bizarre choice of building considering the protracted court proceedings, says managing director and major shareholder Tim Flanders.

The case between JRC and Chemtec, which was started up by an ex-JRC employee, came to court in the Autumn of 1992 (*C&D* November 7 1992, p856). JRC alleged Chemtec's Tim Flanders' pharmacy labelling system infringed their copyright.

• Park Systems, another player in the labelling field, have also recently undergone a management shake-up.

Their ex-sales director, David Colman, and his wife, Shirley, will take over the company following the retirement of directors Michael and Pamela Sprince.

Major South African player embarks on UK

Adcock Ingram, one of South Africa's largest healthcare companies, yet almost unheard of in this country, are using the UK as a launchpad into Europe.

Jim Ritchie, Adcock Ingram UK's business manager, describes their parent company as "the Glaxo of South Africa". Group turnover last year was R971 million (£176.7 million), up 6 per cent on the year before.

Although the company's main push in the UK over the next three years is planned to be over the counter medicines and generics, it has a wide healthcare base.

In South Africa, its pharmacy wholesale and retail franchises make up the bulk of its business in terms of turnover. Other interests include manufacturing ethical pharmaceuticals, generics, self-medication, consumer and medical products.

The company's short-term plans for the UK market, however, are limited to OTCs and generics and are focused on pharmacy. It does not plan to expand to grocery within the next two years.

Adcock Ingram's first UK product is Bioplus, an energy supplement available in liquid and effervescent tablet form. A team of 10 reps is calling on town and city pharmacies south of Leeds every two months. Distribution is through Farillon, with the product also listed with AAH and Unichem.

The reps' workload will increase when the company's next raft of products, already available in South Africa, is granted UK licences from the Medicines Control Agency.

Top of the list is an OTC strong pain reliever which will benefit from television advertising. This will be followed by a cough and cold product, in both regular and strong variants, effervescent vitamins and skin care products, including an intensive moisturiser and acne treatment.

Adcock Ingram's generics will feature the Adco brand, some of which will be made in South Africa, some in the UK. Their SA brands include non-steroidal anti-inflamatory medicines, broad spectrum antibiotics and cardiovascular/anti-microbial agents.

These will be rolled out over the next 18 months, by which time Adcock Ingram's reps will have national coverage. Expansion into the rest of Europe will follow in due course.

Superdrug roll out pharmacies?

Superdrug have denied plans to open up a chain of in-store pharmacies, despite advertising for a senior pharmacist to oversee the project.

They already operate four in-store pharmacies, but a spokesperson says: "This is a business development trial and there are no firm plans to do anything else."

The recruitment advert does not describe the extent of the planned chain, but coincides with the registration of two new Superdrug pharmacies.

According to the latest registration details from the Society, both the chain's Northampton and Islington, north London, stores had their registrations approved last month. While the London store was a new development, the Northampton branch registration reflected a transfer of ownership. Only Northampton has an NHS contract, although an application has been made for one in Islington.

This is in addition to two more in-store pharmacies, in Bracknell and Cheltenham, both with contracts.

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Lloyds buy Daniels for £10.5m in cash

Lloyds Chemists have bought the assets of Numark member Daniels Pharmaceutical and two related companies for £10.5 million cash to strengthen their wholesaling and pharmaceutical manufacturing interests.

The acquisition will also allow Lloyds to restructure their distribution operation by splitting deliveries into daily and weekly operations. Overseeing both Barclay's and Daniels' wholesale activities is newly-appointed wholesale managing director Richard Wood.

Alongside the assets of Daniels Pharmaceutical came Shapebase Ltd and H. Wilkinson & Co (together known as Daniels).

Assets include a freehold property, plant, fixtures and fittings, stock and vehicles, together making a grand total of £913,000. Lloyds have taken short leases on the rest of the properties to bring in £306,484 in rent.

Daniels are primarily a full-line wholesaler with a daily ethical service. Operating profits in the year to June 30, 1993 were £1.5m.

Aside from their Derby headquarters, three other depots in Chesterfield, Cambridge and Ashton-under-Lyme mean that the company services pharmacists in the North West, East Midlands, East Anglia and the northern Home Counties.

Daniels also operate a pharmaceutical manufacturing business from Derby, which mainly produces generics, something Lloyds were particularly interested in.

"It is ... an excellent opportunity to build upon our pharmaceutical manufacturing interests," says chairman Allen Lloyd. Lloyds' only other human pharmaceuticals manufacturing company is Martindale, which will oversee this end of the new business. Daniels also have a surgical wholesale business and a single surgical retail outlet in Nottingham.

As far as restructuring their distribution operations is concerned, two separate systems, one for daily and the other for weekly deliveries, will be set up.

Daniels will deliver ethicals daily to both their own and Barclay's customers, with the existing management team in place. Barclay Enterprise, however, will take on responsibility for the weekly deliveries of ethicals, generics, OTC and health foods.

As with previous takeovers of Numark wholesalers by Lloyds, there is the question mark over how long Daniels can remain a Numark member. Numark managing director Terry Norris was about to call a board meeting at the time *C&D* went to Press.

Lloyds hope to offer Numark own-brand goods and promotions to Daniels' 150 Numark members. Mr Norris says that this would be possible in the short-term while existing stocks were depleted, but would not be drawn on long-term plans.

In the City

Fears of rising inflation and interest rates have continued to unsettle the stockmarket. At the same time, concern is mounting over the Government's political fortunes in the wake of losses suffered by the Conservative Party in last week's European elections.

The pharmaceutical sector is also in the doghouse. Shares in Glaxo have seen a strong two-way pull, despite growing hopes that the company is about to launch a takeover offer for McKesson, the US-managed healthcare business. The City remains divided about Glaxo's long-term prospects. A recent circular from NatWest Securities argued that a "powerful" combination of new products, Zantac's growth — though at a slowing rate — and encouraging prospects of its other existing drugs should see the group achieve underlying annual revenue growth of about 13 per cent over the next three years.

Weitheim Schroders, the influential US brokers, have also waded into the market with a strong recommendation for Glaxo, but gloss was taken off by Nomura Securities which remains bearish. The firm has downgraded its full-year forecast by £60 million to £1.86 billion for this year.

Smithkline Beecham have had a buoyed assessment from some brokers. The latest are Greig Middleton which last week put the shares on their "buy" list after a lengthy period of underperformance. The brokers say the likely impact of Tagamet's US patent expiry may be less severe than initially anticipated. With FDA approval for Famvir expected soon, the shares do not reflect the group's long-term prospects, they say.

Boots have also attracted recommendations from William de Broe and Nikko Securities, although they acknowledge the future of their pharmaceuticals business is still unresolved. But Lloyds Chemists are on the move again after an encouraging trading statement last month (see **Business News** above). The company has been holding a series of meetings with institutional investors in the past two weeks, hosted by its joint brokers Panmure Gordon and NatWest. Panmure Gordon are forecasting taxable profits to improve from £50m-£56m in the year ending this month. They say the shares are undervalued.

AAH Holdings have seen nervous trading ahead of their full-year results due on June 16 (see *C&D* next week). Nomura, which expect profits to nudge ahead from £37.3-£40m, are telling clients to switch out of AAH and into Unichem, due to the latter's better dividend growth prospects.

LIG rights issue forms rescue plan

London International Group are hoping to rescue their troubled balance sheet with a £115.2 million rights issue. Ordinary shares will be priced at 70p.

This move is the latest in a series of money-saving schemes over recent months including plant closures, redundancies and selling off brands (*C&D* April 23, p700) in an attempt to reduce borrowing and restore shareholders' funds.

The company is also reeling after the £91.4 million costs involved in selling its loss-making D&P subsidiary, Colourcare (*C&D* May 28, p912). At the time the management buyout was mooted, Colourcare had lost around £13.2m.

Colourcare are being sold free of debt, cash and leasing commitments, but with trade debtors and creditors. About 2,500 employees will transfer to the new company.

LIG made losses of £175.1m in the year to March 31, dropping from a £27.8m pre-tax profit the year before. Sales decreased 4.6 per cent to £396.6m.

Numark study tour

Numark's study tour will visit Texas in the US and San Monterrey in Mexico between October 16 and October 30.

The tour has a varied business and social programme including visits to local pharmaceutical retailers and suppliers. Places on the tour are not restricted to existing Numark members. Details from Val McBride (tel: 0827 69269).

OTCs boost sales

The trend towards self- and community-based medication, new over the counter products and the ageing population are the major factors behind the predicted rise in pharmacy and drugstore sales.

According to Euromonitor's report "Pharmacies and Drugstores — The International Market" sales are set to reach £6.8 billion (at 1992 prices) by 1998.

Last year's sales came to £5.7bn, making a real growth of 6 per cent, the best increase in recent years.

For more details of the report, telephone 071-251 8024.

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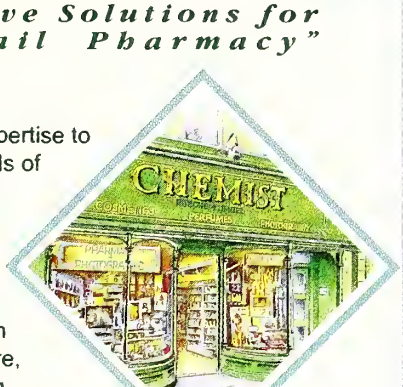

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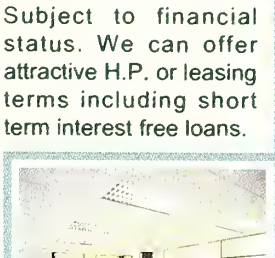

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TRADE LESS 25%+VAT - 4x30 Convatec pouches S297, 1x5 Convatec flanges S354. Tel: 0274 664467.

TRADE LESS 50%+VAT - 1 box Biotrol elite 34-840, 2 boxes Conveen urine bags 5173, trade less 30%+vat Nurofen 48s & 96s. Tel: 0723 374667.

TRADE LESS 30%+VAT+POSTAGE - 6x15 Hollister pouches code 3539, 2x30 Clinimed Biotrol elite bags 320839. Tel: 0723 360542.

TRADE LESS 30% - 50 Nomad cassettes, good condition, complete, Enterosan, trade less 50% 2 Suprefact nasal spray, Persantin 25mg, Colomycin injections 1,000,000 units per vial. Tel: 0452 522951.

TRADE LESS 30% - Dantrium 100mg, Brufen granules, Destolit 150mg, Nitro-Dur 0.4mg and others. Tel: 0708 524015.

TRADE LESS 25%+VAT - 106 Farlutal 250mg, 75 Madopar 125mg disp, 164 Ismo 40 tabs. Tel: 0902 790074.

TRADE LESS 30%+VAT - 13 Metrodin 75iu amps, trade less 25%+vat new Nomad complete system. Tel: 081-462 7511.

TRADE LESS 30%+VAT+POSTAGE - Pyrogastrone tabs, Aldactone 100mgm, Bonefos 400 mgm, Orimeten 250mg, Cedocard retard, Ledermycin 150mg, Aldactide 25mg, Neo Mercazole 20. Tel: 031-332 2073.

TRADE LESS 40%+VAT+POSTAGE - Triptafen 119 (exp 7/94), Triptafen-M 100 (exp 7/94), Lopresor SR 28 (exp 11/94), Ventide Rotacaps 100 (exp 7/94), Dytide caps 120 (exp 7/94), Atrovent forte inhaler 2 (exp 8/94), Elantan LA 50 capsx54 (exp 7/94). Tel: 0205 310996.

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A FREE Service for Chemist & Druggist Subscribers

Free entries in "Business Link" (maximum 30 words) are restricted to community pharmacist subscribers to *Chemist & Druggist*. No trade advertisements will be permitted. Acceptance is at the discretion of the Publishers and depends upon space being available.
Send proposed wording to "Business Link" using the form printed alongside.

Appointments, situations wanted, and businesses for sale will be incorporated as lineage advertisements under the appropriate Classified headings.

To: Business Link, CHEMIST & DRUGGIST, Benn House, Sovereign Way, Tonbridge, Kent TN9 1RW.

PLEASE COMPLETE IN BLOCK CAPITALS

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About people

Commit to Get Fit for charity

Commit to Get Fit, the nation's largest fitness campaign raising funds for charity, kicks off on July 1. The organisers of the event expect over 25,000 people to sign up to take part.

Participants complete 365 minutes of aerobic activity over a six-week period (averaging out at 20 minutes' three times weekly). Sponsorship of those taking part is expected to raise over £100,000 for Muscular Dystrophy.

The Fitness Industry Association, which organises the event, is offering all readers of *Chemist & Druggist* a free trial workout at one of the Health and Fitness Clubs participating in the campaign. Readers should call 0891 300121 and they will be given details of the nearest participating club. Calls should cost no more than 50 pence.

For details of local events contact the Commit to Get Fit hotline on 0276 677293.

• As one of the sponsors of the campaign, PR Sprays are offering a free booklet on treating injuries for pharmacy display. Copies can be obtained by writing to: **Muscular Pain: Joint Injury Leaflet Offer, PO Box 63, High Wycombe, Bucks HP10 8XA.**

Geoff Harris, chief executive of Unichem, and John Clarke, general manager at Smithkline Beecham Consumer Healthcare, toast the opening of the Health Matters gallery at the London Science Museum. The new gallery, said to be the first of its kind in Europe and expected to draw up to 1 million visitors a year, is devoted to the history of modern medicine. Smithkline Beecham are the principal sponsors and have formed a partnership with other patrons to raise £900,000 for the gallery

Clitherow gets MBE

Knotty Ash community pharmacist Jeremy Clitherow has been made a Member of the Order of the British Empire in the Queen's Birthday Honour's List for services to the people of Liverpool.

A regular contributor to *Chemist & Druggist*, Mr Clitherow took on the proprietorship of a traditional pharmacy in Knotty Ash shortly after qualifying in 1967. A student of Liverpool College, he completed his preregistration training with Timothy Whites & Taylor. Jeremy is something of a media buff and is the "radio pharmacist" on Radio Merseyside's "Helpline". He is also a pharmacy regional communications officer and an occasional TV broadcaster.

Mr Clitherow has been secretary to Liverpool Local Pharmaceutical Committee since 1979, a member of the National Pharmaceutical Association Board since 1983, and is a former member of the Pharmaceutical Services Negotiating Committee. In 1987, he was made a Fellow of the Royal Pharmaceutical Society.

"I could not have put in all the time at pharmacy meetings, boards, conferences and debates without the help and support of my staff, my little band of locums and my colleagues in the profession," he says.

The Dean of the School of Pharmacy, University of London, Professor Sandy Florence, was made a Commander of the Order of the British Empire.

Several captains of the industry were honoured with CBEs: Keith Ackroyd, managing director of The Boots Company's retail division since 1984, for services to retail industry; Stewart Siddall, past-president of the Association of the British Pharmaceutical Industry, and recently retired from Smithkline Beecham Pharmaceuticals as senior vice president, public and industry affairs, for services to the pharmaceutical industry; and Mr George Borthwick, managing director of Ethicon, for services to industry and the community in Scotland.

Melvyn Jeremiah, under secretary at the Department of Health, and the man responsible for many of the reforms in contractor payment, was made CB in the Order of the Bath.

OBEs in the List were: A. J. Boyce, chairman of South Devon Healthcare NHS Trust; P. E. Wood, chairman of West Yorkshire Health Commissioning Health Authority; and A. McClay, for services to the pharmaceutical industry. Miss N. Kipling of the Prescription Pricing Authority and C. A. Caffey, vice chairman of Bury family health services authority, were made MBEs.

Jeremy Clitherow

Anusol support veterans

Anusol was the sponsor of the League of Veteran Racing Cyclists on their recent World Cup Time Trial in Parwich, Derbyshire.

Dave Orford race organiser and ex-professional rider, approached Warner-Lambert, manufacturer of Anusol, for sponsorship. He says: "Bouncing over rough roads on a hard saddle takes its toll after a while and Anusol was the only answer."

The winner in the over 70s age group was Bob Maitland.

Pharmacy assistant Claire Stead of Birmingham, winner of the Otrivine Antistin Eye Drops competition, is off to Rome courtesy of Ciba Vision Ophthalmics. We've been assured the gladiator is not included in the prize

Appointments

The Proprietary Association of Great Britain has chosen **Alison Williamson**, 35, as its new commercial affairs manager.

Ms Williamson's last post was senior product manager of analgesics at Crookes Healthcare.

Brian Bottomley is the new marketing director for Kodak Processing Companies (KPC).

Potter & Moore have appointed **Sarah Robey** as chief executive officer. Ms Robey was previously with Yardley Lentheric as group managing director and Max Factor UK as managing director.

FotoStop are strengthening their technical and service team. **Simon Parry**, who will head the department, trained as a photographer with the RAF and has spent the last ten years working in the technical side of the business. **Richard Kaminski**, joins the company from a background in electronic servicing and maintenance.

Stuart Thompson is FSC's new territory manager for the West London to Lincolnshire area. He was formerly a tele-sales operator for the company, a position taken over by **Beverley Rushton**.

Mono film output by London Scanning, North London. Printed by St Ives (Gillingham) Ltd, Gillingham, Kent. Published by Benn Publications Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW. Registered at the Post Office as a Newspaper 29/31/24s.

The new way to bring a child's fever down

At last, you can recommend the antipyretic and analgesic benefits of ibuprofen for children.

Junifen's antipyretic action is greater[1,2], longer lasting[1,3,4] and more rapid[2,4] than paracetamol's.

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And it's as well-tolerated as paracetamol[7].

Free of sugar and colour, the orange flavoured Junifen suspension is the one to recommend for childhood pyrexia and pain.

Junifen

IBUPROFEN SUSPENSION

Now you have a choice for fever and pain in children

PRODUCT INFORMATION: **Product:** Junifen Suspension: 5ml contains 100mg ibuprofen BP. **Indications:** For the reduction of fever and relief of mild to moderate pain in children between the ages of 12 months and 12 years. **Dosage and administration:** Children 1-2 years: One 2.5ml spoonful 3-4 times a day, children 3-7 years: One 5ml spoonful 3-4 times a day, children 8-12 years: Two 5ml spoonfuls 3-4 times a day. Do not exceed 4 doses in any 24 hours. **Precautions and warnings:** Junifen should not be given to children with stomach ulcers or other serious stomach disorders. Patients receiving regular medication, asthmatics, anyone allergic to aspirin and pregnant women should be advised to consult their doctor before taking Junifen. Not recommended for children under the age of one year or weighing less than 7kg (16lb). If symptoms persist for more than 3 days patients should consult their doctor. Adverse effects reported include: dyspepsia, gastrointestinal intolerance and bleeding and skin rashes. Less frequently, thrombocytopenia has occurred. **Product licence number:** PL 0327/0077. **Licence holder:** Crookes Healthcare Ltd., Nottingham NG2 3AA. **Legal category:** P. Price: Junifen Suspension: 100ml £2.65.

REFERENCES:
1. Kauffman R.E., *et al.*, AJDC, 1992, **146**; 622. **2.** Sidler J., *et al.*, Brit. J. Clin. Pract., Suppl. 70, 44, (8), 1990; 22. **3.** Walson P.D., *et al.*, Clin. Pharmacol. Ther. **46**, 1989; 9. **4.** Walson P.D., Brit. J. Clin. Pract., Suppl. 70, 44, (8), 1990; 19. **5.** Lohokare S.K. and Jog V., J. Pain and Symptom Management, **6**, (3), 1991; 158. **6.** Schachtel B.P. and Thoden W.R., J. Pain and Symptom Management, **6**, (3) 1991; 159. **7.** Data on file, Crookes Healthcare Ltd.

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OTEX Registered Trademark and Product Licence held by Diomed Developments Ltd., Hitchin, UK. Distributed by DDD Ltd., 94 Rickmansworth Road, Watford, Herts, WD1 7JJ. **Active Ingredient**: 5.0% w/w Urea hydrogen peroxide. **Directions:** Tilt head, and gently squeeze 5 drops into ear. Leave for a few minutes and then wipe surplus with tissue. Repeat once or twice daily for approximately 3-4 days or until symptoms clear. **Indications:** For the removal of hardened ear wax. **Precautions:** Do not use if sensitive to ingredients, if ear drum is damaged or if any other preparation is being used in the ear. Keep away from eyes. If irritation or pain occurs, or if symptoms persist, stop treatment and consult your doctor. Keep all medicines out of the reach of children. FOR EXTERNAL USE ONLY **Legal Category:** P **Packs:** Bottles of 8 ml (PL 0173/0151), price £2.95